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CASE WORK SERVICES
WITH FAMILIES ON THE AID TO DEPENDENT CHILDREN PROGRAM
IN RHODE ISLAND

A Thesis

Submitted by

Mary Jane Macari

(B.S., Rhode Island State College, 1944)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1949

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CHAPTER I

INTRODUCTION

Development of Aid to Dependent Children. Before we can discuss the thesis that there is a need and possibility of case work with aid to dependent children families in a public welfare agency it would be necessary for us to review the historical development and the influence of earlier movements in order to understand the present day setting of the aid to dependent children program.

White House Conferences. The foundation of aid to dependent children was laid at the White House Conference of 1909 on the Care of Dependent Children. The principle was then set forth that children should not be separated from their families because of poverty alone and that the family is all important to the child from the standpoint of his physical, emotional and intellectual growth. The subsequent White House Conferences reaffirmed this principle and added that where the child's own home cannot serve him, relatives or other family groups should be found to take its place. The results of the first White House Conference laid the foundation upon which succeeding programs for the care of children have been built. The declaration of the White House Conference of 1909 epitomized all that had gone before it in the way of efforts of private and public agencies alike to conserve the values of family life for children in economically disadvantaged homes.¹

This conference had far-reaching and practical effects and made recommend-

¹ Grace Abbott, The Child and the State, Ch. IX. "Development of Public Care for Dependent Children", pp. 3-111.

Henry J. Crepeau, R.I.: A History of Child Welfare Planning, Ch. II, "The Problem of Child Dependency", pp. 12-45.

THE
SOCIETY

The first of the Society's objects is to promote the
teaching of the English language in the schools of the
United States. It is to be organized in the form of a
non-profit corporation, and its funds shall be derived
from the contributions of its members and from the
proceeds of the sale of its publications.

The Society shall have the right to acquire, hold, and
dispose of real and personal property, and to enter into
contracts for the purchase and sale of the same. It shall
also have the right to sue and be sued, and to appear
in court for that purpose. The Society shall be
governed by a board of directors, who shall be
elected by the members of the Society. The board of
directors shall have the right to make and alter the
by-laws of the Society, and to manage the business
of the Society in accordance with the powers
vested in it by the charter and the by-laws. The
Society shall hold its annual meeting on the first
day of January in each year, and may also hold
special meetings at such times and places as the
board of directors may determine.

The Society shall have the right to publish and
distribute such publications as it may deem
advisable for the promotion of its objects.

The Society shall be organized in accordance with the
provisions of the laws of the State of New York.

ations for further endeavors which led to future successes in behalf of the advancement of this cause. From this conference came two important principles:

1. that the welfare of children has a vital relationship to the welfare of the nation; and
2. that the child's home plays an important part in his normal development and for that reason no child should be deprived of the privileges of living in his own home and with his own people because of poverty alone.

Mothers' Aid Law. These two convictions led to the passage of the first Mothers' Aid legislation in Illinois in 1911. From 1911 to 1936 forty-six states passed laws providing for aid to mothers and children in their own homes. Rhode Island passed a Mothers' Aid Law in 1923. The relief to mothers of dependent children was dispensed under state supervision and was eventually made mandatory upon the cities and towns. The object of the act was to provide aid to mothers of dependent children under fourteen years of age who were in need. Such mothers had to be capable and fit morally, mentally, and physically to bring up their children. Towns and cities accepting the provisions of the act were required to set up a local board which was charged with the responsibility of determining the eligibility of the applicants. A State Bureau of Mothers' Aid under the supervision of the Penal and Charitable Commission was created. Its director was charged with the general supervision of the local boards, and with the responsibility of accepting or rejecting applications for aid submitted by the local units. Upon approval of an application, one-half the amount expended for the recipient was to be reimbursed by the state to the town or city. This law continued until December, 1936 when the State Legislators

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repealed the act substituting the Aid to Dependent Children Law.³ to conform with the Social Security Act passed in 1935.

Social Security Act. Children deprived of support or care because either or both parents are dead, out of the home, or incapacitated, frequently need financial assistance to ensure for them the continuance of a normal family life. The Social Security Act passed by Congress in 1935 provides grants-in-aid to States⁴ to enable them to furnish such financial assistance to these dependent children. The Social Security Act defines a "dependent child"⁵ as a child under the age of sixteen, or under the age of eighteen if attending school, "who has been deprived of parental support or care by the reason of the death, continued absence from the home, or physical or mental incapacity of a parent, "and who is living with his father, mother, grandparents or other relative, "in a place of residence maintained by one or more of such relatives as his or their own home". The Federal Government reimburses the states for about half the amount they expend for aid to dependent children up to \$27.00 a month for the first child and \$18.00 for each additional child aided in the family.

Aid to Dependent Children in Rhode Island. The principle of public assistance to children deprived of parental support and care in their own home or foster home has been firmly established in Rhode Island. Public Assistance, including the aid to dependent children program, in Rhode Island, is

3 R.I. Public Laws, 1936, Ch. 2437, S. 1.

4 Social Security Act, 1935 Title IV.

5 Ibid., Title IV, Sec. 406 (a).

administered according to the Social Security Act and the Rhode Island
⁶
 Public Assistance Act of 1944, implemented by policy and procedures based
 on a sound philosophy and belief in the dignity of the individual.

The assumption underlying the aid to dependent children program is that when a family circle is broken or incomplete, or a parent is handicapped by physical or mental disability, the measure most conducive to the child's welfare is to strengthen the home against financial impact of these lacks or losses and to give his parent or other relative a chance to retain or re-establish control over their affairs. Recognizing the fundamental need of the child for security through receiving care, guidance and affection from his own family, the aid to dependent children program is directed toward enabling the parent, or in his absence, a relative to ensure continuity in family relationships and to maintain full responsibility for the ways of living in which the child naturally belongs.⁷

The purpose of the aid to dependent children program in Rhode Island is two-fold:

1. to make it possible for the child to remain in or return to the custody and care of his parents or relatives who have a natural bond of affection and concern about his wellbeing;
2. and to enable the child's unmet need to be supplied.⁸

The full responsibility for the administration and operation of the aid to dependent children program in Rhode Island is lodged in the State Department of Social Welfare. The program is administered by the Division of Public Assistance under the immediate supervision of the administrator of the Division, who is responsible to the state director of social welfare. The district offices (local boards) have full responsibility for carrying out the complete detail of application and determination of eligibility

6 R.I. Public Laws, 1944, Ch. 1505, S. 5.

7 R.I. Public Assistance Service Manual, Ch.III, Sec. 302, p.1.

8 Ibid., Ch. III, Sec. 302, p.1.

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for payment on the aid to dependent children program. All district offices conform to certain standards, policy and procedures set by the Division of Public Assistance. The administration of aid to dependent children in Rhode Island is centralized and there is uniformity of practice throughout the state.

In this study the writer proposes to determine the needs and problems of the children and parents in some of the families receiving financial assistance on the aid to dependent children program in Rhode Island, and to determine whether there is a need for and possibility of case work in meeting these needs.

CHAPTER II

PURPOSE, METHOD, AND SCOPE OF THE STUDY

The Purpose. The purpose of this study is to determine the need and possibilities of case work with families on the aid to dependent children program. The writer proposes to discover the problems presented by the families receiving financial assistance through the aid to dependent children program, and the extent to which these problems are being met through case work services in the Public Assistance Agency or by referral to other social agencies and what results have been achieved.

Case Work in Public Assistance. Case work in public assistance can include many practical social services, of which the primary service is financial assistance. Services such as medical care, child placing, advice on home management and other forms of family guidance can also be extended. To give these services on an individual basis and with psychological insight is an integral part of case work. Case work is also concerned directly with attitudes, with tensions, anxiety and insecurity expressed in family and group relationships, for which the use of a practical resource may not be primarily indicated. All helpful case work services involve understanding both objective circumstances and also the individual's behavior, attitudes, and capacities to use help. The worker must understand the client "as a person", understand cost and standards of living, capacity to handle money, and the way income problems effect family relationships. To help effectively with financial problems requires an understanding of human behavior and also cultural and social forces.

Common Human Needs. All persons have certain common human needs- physical,

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES
PASSED MAY 10, 1887, RELATIVE TO THE LANDS BELONGING TO THE
UNITED STATES IN THE TERRITORY OF ARIZONA

WASHINGTON: GOVERNMENT PRINTING OFFICE: 1888.

THE LANDS BELONGING TO THE UNITED STATES IN THE TERRITORY OF ARIZONA
AND THE PROCEEDINGS OF THE COMMISSIONERS OF THE LAND OFFICE
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UNITED STATES IN THE TERRITORY OF ARIZONA

WASHINGTON: GOVERNMENT PRINTING OFFICE: 1888.

intellectual, emotional, spiritual. Persons in assistance families should be enabled to meet these needs insofar as possible in the same way as other persons in the community.⁹

The families of children receiving aid to dependent children payment have suffered economic loss, and the children themselves may have been faced with a threat to their personal and social security. Not all children are negatively affected by these experiences, but many of them are and the nature and extent of these disabilities differ. The needs of children that result from a personal or social disability are a concern of the public agency administering aid to dependent children.¹⁰

Questions Proposed. How much awareness is brought by the case worker to the needs of the children in the aid to dependent children families other than meeting their financial needs? Is primary consideration to the needs of children being given in determining eligibility for aid to dependent children payment? Is the public agency stopping with the determination that the parent cannot support his family or is the agency giving consideration also to meeting the parent's social and physical needs and helping toward rehabilitation? Is the agency through its relationship with the family preserving those things that the disabled or absent parent represents to the family? Are the children in the aid to dependent children families continuing with their education beyond their sixteenth birthday? What provisions are offered to the child who is particularly gifted and desirous of developing special talents and native abilities? Are the needs of the

9 R.I. Public Assistance Service Manual, Ch. I, Sec. 100, p.1.

10 Social Security Board, Aid to Dependent Children- A Study of Six States. Public Assistance Report No. 2.

older children over-looked because they are no longer eligible for aid to dependent children? The financial dependency of families on the aid to dependent children program usually subjects the children in these families and the family as a whole to other related problems. Besides these the children may present the same emotional, personality, family relationship, health, school and recreational problems as the children of non-relief receiving families. Are these problems being recognized and met and what part is the social worker playing?

Practice of Case Work in Public Assistance. The writer realizes the limitations of the amount of case work services which the public assistance agency is capable of rendering due to the heavy case-loads carried by individual workers, the large staff turn-over and the large percentage of untrained staff workers, but the writer feels that both the parents and each child in these families should be considered as an individual who presents definite needs and that many of these needs can be met by the public assistance agency through financial assistance and case work services and/or by referral to other appropriate agencies in the community for additional services. Much has been written about the place of social case work in public assistance. Some contend that this is not questioned,¹¹ and others feel that case work is not really practiced in the public assistance¹² agency. The range and extent of case work services rendered in the public

¹¹ Arthur E. Fink, The Field of Social Work, p. 356.

Helen Harris Perlman, "Casework Services in Public Welfare", Proceedings of the National Conference of Social Work, 1947, pp.261-269.

¹² Elizabeth and Karl de Schweinitz, The Contribution of Social Work to the Administration of Public Assistance". Social Work Journal, 29:153-162, October, 1948.

agency can be questioned, but the writer hopes to point out that there is both the need and many possibilities for case work practice in a public assistance agency. In Rhode Island the term public assistance service is used to describe the function of the public assistance agency. Both financial assistance and case work services are denoted in this term. The Rhode Island Public Assistance Agency feels that the principles of case work can be applied effectively in public assistance when there is an understanding of the use of the assistance plan as an essential tool in sound administration of the program in understanding and meeting need and in successful case work treatment. As we look at the definition of case work in the writings of Mary Richmond and Karl de Schweinitz we find that there are many opportunities for case work within the framework of a public assistance agency and particularly with families receiving aid to dependent children payment and that the Rhode Island Public Assistance Agency has applied the principles of case work in its definition of public assistance service. Mary Richmond defines case work as "the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society's betterment.¹³ Karl de Schweinitz writes that:

Case work consists of those processes involved in giving services, financial assistance or personal counsel to individuals by representatives of social agencies, according to policies established, and with consideration of individual need.¹⁴

¹³ Mary Richmond, The Long View, p.374.

¹⁴ Karl de Schweinitz, "Can We Define Social Case Work", Mid-monthly Survey, February, 1939, p.39.

I have had the pleasure of receiving your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration. I am sorry to hear that you are not well, and hope that you will soon be able to resume your usual avocations. I am, Sir, very respectfully,
Your obedient servant,
J. H. [Name]

Enclosed for you are the papers which you requested. I am, Sir, very respectfully,
Your obedient servant,
J. H. [Name]

The Social Study. The social study is a process in which the worker's activity is related to the particular case situation under consideration. The public assistance worker does not have a routine plan for the social study. When the social study is completed and the worker has a factual picture of the situation presented by the family, has accurate information with respect to, and understands the income and resources of the family, she with the applicant, then relates that knowledge of income and resources of the family to the individual assistance plan computed for the family according to the agency's standards of assistance. In this way it is determined whether or not there is eligibility for assistance, and for what amount. The public assistance worker's job is to inform individuals about the agency; provide financial assistance if eligible, define eligibility for public assistance payment, interpret rights and limits set by law or by the agency, listen to the individual's statements and help him to determine what his next step will be, understanding his problem, and rendering service and utilizing community resources by making money available and by helping him obtain technical, medical, vocational advice, etc. The agency requires, as a minimum, that a complete review of each situation be made each year. Some situations may be so stable that this annual review will be sufficient to provide constructive service. This is not usually the case with families receiving aid to dependent children payment. The workers analyze their caseloads and decide which cases may require only annual review, and which may need more intensive service and attention. Each family receiving aid to dependent children payment does not present a problem situation and so each worker decides on the frequency of home or office

visits on all the factors entering into the family situation. Some of the determining factors of frequency of contact are acuteness of financial problems, inability to manage on payment, changes in income, possibility of rehabilitation of the incapacitated parent, and referral to other agencies in the community for specialized services, such as medical, vocational rehabilitation, employment counseling, etc.

Sources of Data. The data for this thesis were obtained from the case records of families receiving aid to dependent children payments which were active as of October 1, 1948, in a Public Assistance district office in Providence, Rhode Island. The district where this study was made will be referred to as the X district in this thesis. Books in the field of social work and case work practice were read as well as articles and periodicals dealing specifically with case work in public assistance. The literature on case work with aid to dependent children families is quite limited. The same principles of case work apply in working with families who are receiving aid to dependent children payments as with other families seeking case work services from other social agencies. Eugene Jonquet in his article on ¹⁵ "Family Case Work Services for Young Children" makes the statement that the technical literature pertaining to family case work practice in service to children is exceedingly slight. Primary material written specifically on case work with families on the aid to dependent children program or case work in public assistance agencies can be found in periodicals such as the Journal of Casework and Public Welfare, the monthly journal of the American Public Welfare Association, and publications of the Social Security Board,

¹⁵ Eugene Jonquet, "Family Case Work Services for Young Children", Journal of Social Casework, 28:342-349, November, 1947.

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Bureau of Public Assistance. The philosophy expressed in the Rhode Island Public Assistance Service Manual, setting forth policies, procedures and cost standards, and the writer's interpretation of that material were used as a frame of reference against which the services rendered by the agency were analyzed.

Caseload of Families on the Aid to Dependent Children Program in Rhode Island. As of October 1, 1948 there were 2,766 families in Rhode Island receiving financial assistance through the aid to dependent children program, and 6,828 children made up these families. In Providence where this study was made there were 1,540 families receiving aid to dependent children payments and there were 3,826 children in these families as of this date. ¹⁶

Description of the Providence Set-up. Providence is divided into five districts with an office located in each district. The social service staff of each district office consists of an average of nine social workers, two senior workers, an assistant supervisor and a supervisor. The social workers carry a caseload of approximately 150 cases which include Old Age Assistance, Aid to Dependent Children, Aid to the Blind and General Public Assistance cases. The average caseload of families receiving assistance through the aid to dependent children program per worker is approximately twenty-four cases. The senior workers have a limited caseload of approximately one-third of a social worker's caseload. The majority of the public assistance workers are college graduates without any professional education. A few workers have taken courses at schools of social work. In order to qualify for their positions they must have passed a competitive civil

16 Statistics were obtained from Rhode Island Welfare, 8:118- 120, October, 1948.

service examination.

Study in the X District. The case study method was used in making the study. As of October 1, 1948 there were 217 families who were receiving aid to dependent children payments in the X district. Schedule #1 was used as a check list in reading all these cases to obtain some statistics to present a picture of some social characteristics of the families in the district who were receiving aid to dependent children payments. These statistics are presented at the beginning of Chapter III. This picture also helps us to see the need for case work services in these families. Schedule #2 was completed for seventy-two cases to study the problems presented by these families and the services rendered by the agency. These seventy-two cases represent a random sample of one-third of the cases active as of October 1, 1948 in the X district. The problems have been listed under six major headings: Social Relationships, Emotional Maladjustment, Household Management, Health, Employment, Support, Legal and Other, to include problems which could not be listed under any of the preceeding headings. The headings were decided upon to include all the problems that might exist in any family group. Some of these headings are further subdivided (see schedule #2). Problems existing at any time since the latest acceptance date for aid to dependent children payment up until October 1, 1948 have been tabulated. The problems listed are self explanatory. Problems checked under "Emotional Maladjustment" are problems showing emotional instability affecting personal adjustment and separated from "Mental Health". Problems checked under "Mental Health" are problems involving serious mental illnesses. The problems presented by these families and the treatment of these

problems are discussed in Chapter IV. Ten cases which showed need for case work treatment or examples of case work services provided by the agency workers were selected for consideration in detail and are presented in Chapter V. These are not set forth as excellent examples but were chosen to illustrate problems presented by these families in which case work can be used or just what has been done by the agency workers. No doubt, many opportunities to provide case work services have been neglected, but we are not attempting to evaluate the case work job being done by the public assistance workers. In making the determination of services rendered each problem checked as being present in the case was analyzed in terms of recognition of the problem by the worker. "Not determined" was checked if the case recording did not give sufficient information to determine the problem or treatment of the problem. In the event that a problem was recognized the treatment was analyzed in terms of "Improvement" or "No Improvement". Under "Improvement" both partial and definite improvement is included. The problem either ceased to exist or there was some evidence that there was a lessening of tensions, strains and stresses for the individual or family. "No treatment" was checked if the problem was recognized but no attempt was made to provide case work service. It is important for us to know about the problems that are not treated as well as those that are recognized and receive some treatment. This schedule was also used to help determine whether problems are being met within the agency or whether treatment is made by referral to other agencies in the community and whether the community does have resources to meet these families' needs. The outstanding study findings are presented in the Conclusions as general observations on

the program to provide case work services to families receiving aid to dependent children payments.

CHAPTER III

A STUDY OF AID TO DEPENDENT CHILDREN CASES IN A PUBLIC ASSISTANCE DISTRICT
IN RHODE ISLANDA. Some Characteristics of 217 Aid to Dependent Children Cases Active as
of October 1, 1948 in the X District

As of October 1, 1948 there were 217 active aid to dependent children cases in the X district. These cases comprised 243 parents and eight loco-parentis relatives and a total of 547 children.

The Children. The following table shows the distribution of ages of the children in these families and their status as to school and employment.

TABLE I.

AGES, SCHOOL AND EMPLOYMENT STATUS OF CHILDREN IN THE
AID TO DEPENDENT CHILDREN FAMILIES IN THE X DISTRICT

Age	No. of Children	Per cent
0-6	182	33.3
6-11	169	30.9
12-16	135	24.6
16-18	31	5.7
School	21	
Unemployed	1	
Employed	9	
Over 18	30	5.5
School	2	
Unemployed	4	
Employed	24	
Total children	547 *	100.0

* Only 507 children are included in the A.D.C. payments (all children under eighteen years who are attending school).

The largest number of children fall in the "under 6" age group. Mothers of young children are enabled to remain at home to care for their children by

THE RESULTS

During the period 1950-51, the following results were obtained in the various experiments:

The results of the various experiments are given in Table I. The results show that the use of the various methods of treatment, as described in the text, resulted in a significant increase in the yield of the various crops. The results also show that the use of the various methods of treatment, as described in the text, resulted in a significant increase in the yield of the various crops.

TABLE I		
Yield of various crops (lb/acre)		
Crop	Treatment	Yield
Wheat	Control	10.0
	1	12.0
	2	14.0
	3	16.0
Barley	Control	8.0
	1	10.0
	2	12.0
	3	14.0
Oats	Control	6.0
	1	8.0
	2	10.0
	3	12.0
Rye	Control	4.0
	1	6.0
	2	8.0
	3	10.0

TABLE I. Yield of various crops (lb/acre) under various treatments. The results show that the use of the various methods of treatment, as described in the text, resulted in a significant increase in the yield of the various crops.

The results of the various experiments are given in Table I. The results show that the use of the various methods of treatment, as described in the text, resulted in a significant increase in the yield of the various crops.

receiving the aid to dependent children payment. There were fifty-two cases or 23.4 per cent of the total cases in this group where there was only one child in the family and twenty-two cases in which the child was under six years of age. These mothers preferred to stay at home to care for their one child than to obtain employment. It would appear to be more natural for families receiving aid to dependent children payments to have a smaller proportion of one-child families and a larger proportion of families with two or more children. Families with only one child deprived of support are more often able to get along without public assistance than families with more than one dependent child as it is usually more difficult to make plans for the care of a larger number of children. This is illustrated by the following table:

TABLE II.

RELATIVES WITH WHOM CHILDREN WERE LIVING IN THE X DISTRICT
ACCORDING TO THE NUMBER OF CHILDREN IN THE FAMILY

Relative	Number of Children												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Mother(only)	38	65	24	20	10		1						158
Father(only)													0
Both Parents	9	15	15	7	1	1	1	1	1			1	52
Grandparents	2	3											5
Other relative	3												3
Total	52	84	39	26	11	1	2	1	1			1	218*

*One case had two statuses and one case the mother received assistance for her own children and was also loco parentis for her sister.

The mode for size of family was the two-child family representing 38.7 per cent of the families included in the study. The second greatest number of children per family was in the one child group with 23.9 per cent of the families. The average number of children per family was 2.5.

There were 169 children in the "6-11" age group, the primary school group, and 167 children in the secondary school group "12-16" years. The aid to dependent children program provides financial assistance to children who continue with their education up until eighteen years of age. There were thirty-one children between sixteen and eighteen years of age in these families and twenty-one of them were in school and their needs were being met by the aid to dependent children payment. The agency also makes provision for the child's needs beyond eighteen years of age if he is in school. Since children over eighteen years of age are not eligible to receive assistance under the aid to dependent children program they still form a part of the total family group with whom the agency is concerned and provision is made for financial assistance through the General Public Assistance program. There were only two children over eighteen years of age who were attending school. While the proportion of children in the "16-18" age group who are attending school is much greater than those not attending school, only 6.6 per cent of those over eighteen were attending school. Children over eighteen besides those attending school, are also granted assistance through General Public Assistance payment if they are in the home incapacitated, or for any reason dependent. The great majority of children in these families of school age attend school. Of the children included in the study there were 93.05 per cent attending school.

Many of these children do outstanding work in school.

The Parents. There are various factors which contribute to the dependency of children receiving aid to dependent children payments. The reasons for lack of support which are used as the basis of eligibility for aid to dependent children payment met by these families will not be presented as it is not possible to do this within the limitations of this study. Some of the factors which contribute toward dependency according to the status of the parents are shown in the following table:

TABLE III.

REASONS FOR LACK OF SUPPORT ACCORDING
TO PARENTAL STATUS IN THE X DISTRICT

Parental Status	Number	Per cent
Death of Father	39	17.7
Father Incapacitated	56	25.4
At home	52	
In an institution	4	
Divorced	19	8.6
Separated	80	36.3
Unmarried	18	8.1
Loco Parentis	8	3.6
Total*	220	100.0

* In three instances there were two different statuses for the parent: divorced and unmarried, loco parentis and death of father.

Separation of parents is the most important single factor in dependency in the families receiving aid to dependent children payments in the X district representing over one-third of the cases. Separation may be an informal or legal separation, search for employment, employment away from home, service in the armed forces or other military services and imprisonment. Incapacity

of the father is the second important factor in dependency in this group of families representing 25.4 per cent. Only four fathers were in medical institutions; two were in the State Sanatorium for Tuberculosis and two were in the State Mental Hospital. The majority of the disabilities are in all probability correctible through medical treatment according to the medical statements in the case records. If either parent is incapacitated the child may be included in the aid to dependent children program. "Incapacity is defined as follows: mental or physical incapacity, full or partial disablement, temporary or permanent disability".¹⁷ In any situation where a parent is not able to assume full responsibility for adequate support of his family because of any of the above reasons, the family is eligible for payment through the aid to dependent children program, if otherwise eligible. The incapacity can be incapacity in the home, or a condition requiring hospitalization. It can be partial disablement, and it can be supplementary payment made because the parent is not able to work to the maximum. It can be temporary disability necessitating a payment over a very short time or permanent disability. Incapacity, either mental or physical, is determined by a study of medical, occupational, and social factors involved. Evidence of incapacity is usually obtained by a statement from a physician who has examined or is treating the person. In this study there were 168 families or 76.3 per cent of the families where the father was not in the home because of death, incapacity, divorce, separation or unmarried to the mother.

Unborn children are included in the assistance plan whether the unborn

17 R.I. Public Assistance Service Manual, Ch. III, Sec. 302.2, p.1.

child is the first child or not. Children of unmarried parents are included on the same basis as children of married parents. There were eighteen cases of unmarried mothers and ten of these mothers had children under six years of age.

In Rhode Island the law permits aid to dependent children payment to any relative with whom the child is living when it is socially desirable to make such a plan. This study included eight such cases. Table II shows the relatives with whom these children were living. The greatest number, by far, 158 were living with the mother only. This represented 72.3 per cent of the total number of families. The next largest number of children were living with both parents, 23.8 per cent of the families. There were no situations in which the children were living with the father only. In two instances the mothers had remarried, but the second husbands did not assume the responsibility for support of the children of their wives' first marriages. The loco parentis situations represented 3.6 per cent of the total families. In one of these situations the loco parentis was also receiving assistance for her own children. In one situation the grandmother was made loco parentis because her daughter was mentally deficient and unable to assume responsibility for her own payment for her dependent child.

Budgetary Needs. Financial assistance is given on a family budgetary basis, based on the specific needs of the families and the individuals in those families. There are certain basic requirements common to all people and these are essentially the same for all families and individuals. There is a complete exploration of the following requirements with the applicant

or recipient of public assistance in every situation in which there is an indication of need. These requirements are food, shelter, fuel, light, refrigeration, clothing, general medical supplies, household equipment and supplies, advancement and personal essentials. These are the items which are included in assistance planning with all family groups. In situations where there are special needs such as needs for medical care, insurance, carfare, payments of indebtedness, services of a housekeeper, requirements when a member of the family obtains employment and other items. These needs may be met as necessary. When any other requirements are necessary for the health and well being of the individual, these requirements are considered on a special basis and if not listed in the Public Assistance Service Manual, such requirements may be considered with special approval of the Chief Supervisor.

B. A Study of Seventy-two Cases.

To determine the need for case work services with families receiving aid to dependent children payment the writer has taken a random sample of seventy-two cases, representing one-third of the active cases on the aid to dependent children program as of October 1, 1948, and reviewed them in an attempt to determine what problems exist, how they are being met, and what results have been achieved.

Social Statistics of Seventy-two Cases. These seventy-two cases represent a total of 172 children and 87 adults, parents. The ages of the children and their status as to school and employment are shown in the following table:

TABLE IV.
AGES, SCHOOL AND EMPLOYMENT STATUS OF CHILDREN IN THE
STUDY OF SEVENTY-TWO CASES

Age	No. of Children	Per cent
0-6	61	35.4
6-11	60	34.8
12-16	38	22.1
16-18	8	4.7
School	3	
Unemployed	1	
Employed	4	
Over 18	5	3.0
School	1	
Unemployed	1	
Employed	3	
Total children	172	100.0

The largest percentage of children, 35.4 per cent were under six years of age. The second largest age group was the "6-11" years representing 34.8 per cent. The "16-18" year age group represents only 4.7 per cent of the cases with three out of the eight children in school. Out of the five children in the "Over 18" years group only one child was in school. The majority of the children in these families attend school, 59.3 per cent.

The relatives with whom these children were living are shown in Table V. on the following page. The children in this study group, in common with the total number of children in the X district, made their home with only one parent, the mother, in 75 per cent of the cases. Only 20.8 per cent of these families had both parents in the home. The main reason for the father being out of the home was due to separation of the parents.

The reasons for lack of support as presented earlier for the entire cases active in the X district is presented in Table VI. for the seventy-

two cases which were reviewed.

TABLE V.

RELATIVES WITH WHOM CHILDREN WERE LIVING IN THE STUDY GROUP
ACCORDING TO THE NUMBER OF CHILDREN IN THE FAMILY

Relative	Number of Children								Total
	1	2	3	4	5	6	7	8	
Mother(only)	15	23	9	5	2				54
* Father(only)									0
Both Parents	2	4	3	3	2			1	15
Loco Parentis	2		1						3
Total	19	27	13	8	4			1	72

TABLE VI.

REASONS FOR LACK OF SUPPORT ACCORDING
TO PARENTAL STATUS IN THE STUDY GROUP

Parental Status	Number	Per cent
Death of Father	13	18.0
Father incapacitated	14	19.4
At home	14	
Divorced	13	18.0
Separated	22	30.6
Unmarried	7	9.8
Loco Parentis	3	4.2
Total	72	100.0

Comparison of Parent and Study Groups. The comparison of the study of the characteristics of the whole group of 217 cases with the sample group of seventy-two cases shows many similar basic characteristics. The sample

A. 100

THEORY OF PROBABILITY

1. Let X and Y be two independent random variables. Then the probability that X and Y are both less than or equal to a and b respectively is given by

$$P(X \leq a, Y \leq b) = P(X \leq a) \cdot P(Y \leq b)$$

2. Let X and Y be two independent random variables. Then the probability that X and Y are both greater than or equal to a and b respectively is given by

$$P(X \geq a, Y \geq b) = P(X \geq a) \cdot P(Y \geq b)$$

3. Let X and Y be two independent random variables. Then the probability that X and Y are both less than or equal to a and b respectively is given by

$$P(X \leq a, Y \leq b) = P(X \leq a) \cdot P(Y \leq b)$$

4. Let X and Y be two independent random variables. Then the probability that X and Y are both greater than or equal to a and b respectively is given by

$$P(X \geq a, Y \geq b) = P(X \geq a) \cdot P(Y \geq b)$$

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THEORY OF PROBABILITY

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$$P(X \geq a, Y \geq b) = P(X \geq a) \cdot P(Y \geq b)$$

X		Y	
1	2	3	4
2	3	4	5
3	4	5	6
4	5	6	7
5	6	7	8
6	7	8	9
7	8	9	10
8	9	10	11
9	10	11	12
10	11	12	13

3. Let X and Y be two independent random variables. Then the probability that X and Y are both less than or equal to a and b respectively is given by

$$P(X \leq a, Y \leq b) = P(X \leq a) \cdot P(Y \leq b)$$

4. Let X and Y be two independent random variables. Then the probability that X and Y are both greater than or equal to a and b respectively is given by

$$P(X \geq a, Y \geq b) = P(X \geq a) \cdot P(Y \geq b)$$

closely resembles the parent group, although there are a few differences. The sample group contains 31.4 per cent of the total children on the aid to dependent children program in the X district, and shows approximately the same proportion of distribution of ages of the children in the parent group. The largest percentage of children are in the "under 6" age group and the second largest the "6-11" year age group. The families in the study group, in common with the parent group, had a larger proportion of one-child and two-children families. The two-children families represented 37.5 per cent of the study group families as compared with 38.5 per cent in the parent group. The mode for size of family for both groups was the two-children family. The second greatest number of children per family for both groups was the one-child family with 26.3 per cent of the families in the study group and 23.8 per cent in the parent group. The parent group contained families with 3,4,5,6,7,8,9 and 12 children, and the study group families also contained these size families with the exception of the nine and twelve children families. There was only one family of each of these sizes in the parent group.

The proportion of children attending school is much greater than those not attending school in both groups; 59.3 per cent of the study group children were in school as compared with 59.8 per cent in the parent group. In the study group 30.7 per cent of the children over sixteen years of age were attending school as compared with 37.7 per cent in the parent group. Of the remaining children over sixteen years, 53.9 per cent of the children were employed in the study group and 54.1 per cent in the parent group.

The greatest majority of children in the study group, in common with

the children in the parent group, made their home with only one parent, the mother. The parent group contained 72.4 per cent families in which the mother was the only parent and the study group had 75 per cent such families. Families with both parents constituted 23.8 per cent of the parent group families as compared with 20.8 per cent in the study group. There were eight loco parentis situations in the parent group and three of these were represented in the study group.

The most important single factor for dependency in both groups was due to separation. The parent group contained 36.3 per cent families in which the parents were separated and of the families in the study group 30.6 per cent of the parents were separated. The second largest group of families in the parent group had both parents and these families represented 25.4 per cent of the total families. The second largest group of families in the study group had both parents, but these families only represented 19.4 per cent of the families in the study group. It is to be noted that the parent group contained only 8.6 per cent families in which the parents were divorced, but the study group contained 18 per cent of these situations. The third most important reason for lack of support according to parental status was due to the death of the father in both the parent (17.7 per cent) and study (18 per cent) groups. In the study group there were 18 per cent of the families with a divorced mother and 18 per cent with a widow.

There were no instances where the incapacitated father was in an institution in the study group, but there were four cases in the parent group. The study group contained approximately the same proportion of un-

married and loco parentis situations as the parent group.

CHAPTER IV.

COMMON PROBLEMS

The main reason for applying for aid to dependent children payment is financial need. Many individuals applying for assistance may bring in addition to financial need other needs and problems. The principle problems other than financial are shown in the following table.

TABLE VII.

PROBLEMS PRESENTED BY SEVENTY-TWO FAMILIES

Problems Presented	Number	Per cent
<u>Social Relationship</u>	63	20.8
In the home	28	
Parents	10	
Parent-child	16	
Sibling	2	
In the community	35	
School	16	
Playmates	3	
Recreation	12	
Other (stealing)	4	
<u>Emotional Maladjustment</u>	20	6.6
Parents	14	
Children	6	
<u>Household Management</u>	63	20.8
Housing	19	
Budgeting	24	
Nutrition	12	
Other	8	
<u>Health</u> Mental Physical	95	31.0
Parents 8 47	55	
Children 1 39	40	
<u>Employment</u>	23	7.6
Parents	18	
Children	5	
<u>Support</u>	26	8.9
<u>Legal</u>	11	3.6
<u>Other</u>	2	.7
<u>Total</u>	303	100.0

STATE OF NEW YORK
IN SENATE

January 12, 1892.
REPORT OF THE COMMISSIONERS OF THE LAND OFFICE, IN ANSWER TO A RESOLUTION PASSED BY THE SENATE, APRIL 18, 1891.

ALBANY: J. B. LIPPINCOTT, 1892.

PRINTED BY THE STATE PRINTING OFFICE, ALBANY.

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2. Lands belonging to the State, by gift or otherwise.

3. Lands belonging to the State, by lease or otherwise.

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5. Lands belonging to the State, by other means.

6. Lands belonging to the State, by other means.

7. Lands belonging to the State, by other means.

8. Lands belonging to the State, by other means.

9. Lands belonging to the State, by other means.

10. Lands belonging to the State, by other means.

11. Lands belonging to the State, by other means.

12. Lands belonging to the State, by other means.

13. Lands belonging to the State, by other means.

14. Lands belonging to the State, by other means.

15. Lands belonging to the State, by other means.

The average number of problems per case is 4.2. This would indicate that families applying for and receiving aid to dependent children present problems other than financial and that these families present more than one symptomatic problem. In 5.5 per cent of the cases, four cases, just one of the specified problems was identified alone and in only two cases no problems were indicated other than financial. The median number of problems per case for the group of seventy-two cases is four problems and the maximum number of problems per case is twelve.

Health. Health problems occurred most frequently in these families and represented 31.0 per cent of the total problems. In sixty-two cases a medical problem was found to exist and in some cases there was more than one medical problem; either the parent and the children needed medical care or the parents or children presented both a physical and a mental problem. Health problems average 1.3 per family in this group. Only 9.4 per cent of the health problems were due to mental illness. In the physical illness group there were eighty-six problems and forty-seven of these problems involved the parents as compared with thirty-nine problems involving the children. The health problems ranged from a simple request for payment of a doctor's visit for a slight injury or common cold to the planning for care of children while the mother was admitted to the hospital for a major operation and the making of plans for hospital care. The parents' problems ranged from chronic to acute illnesses; diabetes, tuberculosis, anemia, back injuries and other minor injuries, pregnancy, pneumonia, dental care, glasses, and the need for x-rays and major operations. The children's health problems involved the need for services of a

Well Baby Clinic, treatment for prevention and cure of childhood diseases, minor injuries, tonsilectomies, special services such as diagnostic x-rays, dental care and the correction of physical defects necessitating glasses, special shoes, etc. Many of these problems involved the arrangement for a specialist, occupational therapy and the purchase of surgical and prosthetic appliances. In many cases the physical health problems involved the need for a special diet and interpretation of the necessity for the diet. In some instances where the client did not recognize the need for the medical care the worker interpreted this need and attempted to help the person obtain the necessary medical care.

The mental health problems involved a mentally deficient child who was unable to continue with school or obtain employment. Eight parents presented some form of mental illness requiring medical treatment and help in adjustment in the home.

Social Relationships. The problems occurring next in frequency were in the social relationship and household management groups both with 20.8 percent of the total problems. It is not difficult to understand that problems in social relationships should represent such a large percentage of the total problems presented by these families. As has been shown earlier, these families have been disintegrated to some degree by death, divorce, separation, desertion and in some cases the mother is unmarried. There may also be some family disintegration due to the incapacity of the father, the head of the family. Even the most stable people in these situations who are faced with economic dependency experience some anxiety and a feeling of inadequacy and may find it difficult to make the adjustments made

necessary by the lack of income. The incapacitated father who finds himself in a state of enforced economic dependency must struggle against a threat of helplessness, loss of esteem and social disapproval. In some cases this dependency means loss of status in the family and community or loss of prized physical activity. In some cases the parents create their economic dependency through their neurotic reactions. Incapacity of the father was the second most important factor in dependency in this group of families. In some cases the family's attitude toward the parent's incapacity as the breadwinner had to be contended with and the family developed problems in adjusting to the father's incapacity. The joint relationship of the parents is sometimes thrown out of balance temporarily or permanently because of this. The inability of one parent to function normally because of unemployment due to illness or handicap often brings some change in the family relationships. This disintegration has both physical and psychological effects on the family.

The absence of the father from the home in which the children are living is the result of some break down in family life and may vary in the extent of its effect. The effects of the breaking of the ties depends upon the extent to which the family ties have been broken and the meaning of this to the family. Family disharmony may be rooted in prolonged unemployment, economic strain, or emotional tensions. A mother whose personal gains and desires have been devastated by an unsuccessful marriage or a husband's desertion is having to reformulate her ideas, her physical habits and her emotional life, and she may find this adjustment difficult to make and unable to cope with the situation. The mother's way of solving all this

will make a great deal of difference in the sort of home she makes for her children. Some mothers have a difficult time rearing their children with-out the help of their husbands. In some cases the absent parent is an important influence in the life of the child. The mother sometimes is ambivalent about the return of the father to the home. The unmarried mother's situation is complicated by the socially unacceptable position in which she finds herself.

In the home the social relationship problems represented 9.2 per cent of the total problems with the parent-child presenting the greatest number of problems. In many cases it was difficult to determine actually what the problem was between the parent and the child, but from what could be learned from the records there was friction between the parent and the child and the mother complained of the child's behavior as being "unmanageable", "causing too much trouble", "not obeying", etc. The mother's reaction and method of handling the situation would lead us to believe that there was an underlying cause for the child's behavior and that the parent was involved in the child's behavior problem which produced the anxiety and resentment which led to the child's behavior of which the parents complained. The mother's own emotional state may have been the cause. Some mother's have anxiety and guilt and feelings of hostility and rejection which underlie the difficulties in living with their children. In some cases the mother was not giving consistent care and adequate attention to the children because she was not getting very much satisfaction in her role as a parent. Some mothers seem to be so driven by the pressures of life that they cannot meet the dependency needs of their

children and so these children are deprived of the stabilizing care of their parents. There were only two cases in which there was a problem between siblings and these involved rivalry. As a whole the social adjustment of the parents and children among these families was not recorded in all the cases reviewed. Such situations when recorded were not reported fully in the case record to offer substantial information as to the exact nature of the problem presented or as to the treatment of the problem. There was lacking in many instances an individualization of the family and its members. In eleven cases there was a lack of individualization and it was difficult to determine whether problems were present and the need for case work services. In many instances the problem described did not show clearly the type of behavior. This was either due to insufficient information, or to the varying degree of understanding among the workers or the lack of recognition of the problem, that is to distinguish between the overt behavior and the causative factors motivating it.

Of the social relationship problems presented 55 per cent occurred in the community with the greatest number of problems centering about school life. These problems involved the need for school lunches and transportation, truancy, failure to be promoted, poor grades, stealing, and quitting school. The child's reaction to school is often a symptom of something awry in his personality adjustment and may be a result of the poor home situation caused by the disintegration of the family. Children attending school have requirements beyond those common to other children in the home, such as additional clothing, money for school supplies, transportation and school activities. Some of the reasons for truancy were given as lack of

proper clothing, lack of lunch and transportation money. One boy was on probation for truancy. There were only three cases in which the children did not get along with their playmates and did not play harmoniously with them and needed extra amount of supervision by the parents.

Recreation. Of the community relationship problems 34.2 per cent involved recreation. It is difficult to say whether this presents a true picture in relation to the recreational needs of these families as all cases did not present the family's recreational interest or problems. Information regarding recreation was recorded only when a direct request was made by the parent to send a child to camp or in several instances where the worker suggested camp for the child's health and for treatment in the case of two children with behavior problems. There was very little information concerning recreation for the parents. In one case a bad relationship was developing between an incapacitated father and the mother. The mother did not have any opportunities to meet people or get away from the home and she was referred to the local Y.W.C.A. The X district is located in a crowded industrial neighborhood and it would appear that these families' recreational needs could have been explored further. There was very little indication that these families were making use of the available neighborhood clubs and recreational centers. If these children had opportunity for recreation they would be less likely to get into petty difficulties which later lead them into greater trouble and delinquency, and they could meet children of their own age at these supervised recreational centers and learn to make positive relationships with adults and children.

Under "Other" problems in the community there were four cases where

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the children were stealing from the community. None of these children were known to the police with the exception of one case in which the police had warned the boy about further such activities and the consequences.

Emotional Maladjustment. Emotional maladjustment represented only 6.6 per cent of the problems. It was difficult to determine the extent of the prevalence of emotional problems in these families due to either the inadequate recording or the lack of recognition of such problems on the part of the workers. Problems such as a mother having a child out of wedlock, prostitution, alcoholic parent, and neurotic disturbances have been included under this heading for the parents. Emotional problems found in the children were temper tantrums, feeding problems, and abnormal behavior such as a child banging his head against the wall when angry.

Household Management. Household management represented 20.8 per cent of the problems in these families with budgeting the largest problem in this group. Many families find it difficult to make the adjustment in meeting their needs on the assistance standards as many of these families had a greater income and higher standards of living previous to their application for assistance, and while many families were not good managers previous to application for aid to dependent children it is far more difficult to manage on a very limited income. The assistance budget represents a minimum adequate standard of living. While the next greatest problem in this group is housing there appears to be very little which can be done about this due to the acute housing shortage. Many of these families live in small, over-crowded tenements in unwholesome neighborhoods and they would be able to move in more adequate quarters with assistance from the

agency if there was sufficient housing available. As for the problems in nutrition some of the parents and the children are in need of special diets due to health conditions such as diabetes, tuberculosis, anemia, malnutrition, etc. There is also the problem of preparing adequate nutritious meals on the limited food cost standards. The problems listed under "Other" represent one problem involving adjustment in back debt payments, and three cases with problems in setting up a home and four problems in replacement of furniture.

Lesser Problems. The problems appearing least often are support, 8.9 per cent, employment, 7.6 per cent and legal problems, 3.6 per cent.

Support. Support problems involve the seeking of contributions from fathers away from the home for the support of their families. Eligibility on the basis of continued absence from the home in Rhode Island is determined without any requirements that legal action be taken against the absent parent or that the missing parent be located and action taken in order to obtain support. Immediate assistance is granted to help the family at this crucial time in an effort to help stabilize the family situation. It is part of the worker's job, however, to help the mother to recognize that the absent parent still has a legal responsibility¹⁸ to provide for the support of their children and that it is also the mother's responsibility to make every effort to get the father to assume this responsibility. In some of these support problems the father does not comply with the legal court order and other action must be taken to get the father to resume this responsibility. There was one case with a problem

¹⁸ Under Ch. 427 of the General Laws of 1938 parents are legally responsible for their minor children.

involving support from older children away from the home.

Employment. Employment problems involved both the parents and the children. There were fourteen incapacitated fathers in this study and they presented some problem due to their present illnesses or injuries in that they were not able to return to their former jobs. The fathers were incapacitated due to back injuries and back strains, hernia operations, broken leg, ulcers, blindness and mental illness. These case situations indicated a need for vocational rehabilitation services so that the incapacitated fathers could become once again self-supporting and independent and assume their rightful responsibilities for the support and care of their families. Problems involving employment for children manifested themselves in several ways. Some of these children were most eager to leave school at the age of sixteen to obtain employment. Some of these children had a problem in deciding whether to continue with their education or obtain employment. After leaving school some of the children had a difficult time in finding employment due to their age and inability to be hired for all type of work due to lack of training.

Legal. The legal problems involved situations where the mother wished to obtain a legal separation or divorce, an incapacitated father sought to recover money due him from a former employer, another incapacitated father needed help to obtain settlement money from an employer for injuries sustained on the job.

Other. There were two problems classified under this heading. These problems involved a special interest, piano study, and a need for special clothing for a religious ceremony for a child's first communion.

The first of these is the fact that the...
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...the twenty-sixth is the fact that the...
...the twenty-seventh is the fact that the...
...the twenty-eighth is the fact that the...
...the twenty-ninth is the fact that the...
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Absence of Problems. There was an absence of problems involving religion. This may mean that no such problems existed or that these problems are not discussed with the worker. The question of church participation was recorded in only a very few case records. The Rhode Island Public Assistance Service Manual states that, "There is also a need for educational, recreational, and religious opportunities under conditions conducive to the furtherance of physical, mental and spiritual growth".¹⁹ Religious participation and problems involving religion could be discussed with the worker and referral made to the appropriate religious in the community.

Summary of Problems Presented. The problems presented by these families are varied and many. It is not possible to correlate the presence of any two problems existing in the same family as some problems were present previous to application for aid to dependent children, some occurred at the beginning of receipt of the payment and some problems occurred later on. We cannot say that one problem is the result of another or one problem exists because of the presence of another problem. In twenty-four cases, 33.3 per cent of the cases where there was a social relationship problem there was also a home management problem. There may be an interrelationship of problems but the statistics obtained from the study cannot bear this out. We can easily say without statistical evidence that problems involving social relationships often are a result of or are accompanied by emotional maladjustment. The number of problems presented by these families according to the status of the parents is shown in Table VIII.

19 R.I. Public Assistance Service Manual, Ch.I, Sec. 100, p.2.

TABLE VIII.
PROBLEMS ACCORDING TO STATUS OF PARENTS

Status	Problems								Total Prob- lems	Cases
	Soc. Rel.	Emo- tion	H. Mngl	Hea- lth	Em- ploy	Sup- port	Leg- al	Oth- er		
Married	5	1	9	21	10		2		48	14
Widowed	9		14	14	3	1			41	13
Divorced*	21	5	13	16	6	6	2		69	13
Separated	23	10	20	29	2	14	6	2	106	22
Unmarried	3	2	7	14	2	4	1		33	7
Loco Parentis	2	2		1		1			6	3
Total	63	20	63	95	23	26	11	2	303	72

* Two cases had two status; divorced and unmarried. These problems have been tabulated under "Divorced".

The greatest number of problems were found in the families where the father was separated from the family; these problems represented 34.9 per cent of the total problems. There were twenty-two cases in which the father was separated from his family. The greatest number of problems were in the Health group with Social Relationship problems second. There was a social relationship problem in every case and one case had two problems in this group. Families in which the parents were divorced had the second largest number of problems, 22.7 per cent of the total problems, with health the most common problem. There were thirteen cases where the mother was a widow and the same number of cases where the mother was divorced. The widowed mother's family presented forty-one problems as compared with sixty-nine problems for the divorced mother's family. The widow had the same number of problems in health and household management as the divorced mother, but the divorced mother had twenty-one problems in social relation-

REPORT

ANNUAL REPORT OF THE

GENERAL INFORMATION									
NAME	AGE	SEX	DATE OF BIRTH	DATE OF DEATH	CAUSE OF DEATH	PLACE OF BIRTH	PLACE OF DEATH	EDUCATION	RELIGION
JOHN	70	M	1845	1915	HEART DISEASE	NEW YORK	NEW YORK	COLLEGE	PROTESTANT
MARY	65	F	1850	1915	OLD AGE	NEW YORK	NEW YORK	COMMON SCHOOL	CATHOLIC
CHARLES	55	M	1860	1915	STROKE	NEW YORK	NEW YORK	COMMON SCHOOL	PROTESTANT
ELIZABETH	45	F	1870	1915	CONSUMPTION	NEW YORK	NEW YORK	COMMON SCHOOL	CATHOLIC
WILLIAM	35	M	1880	1915	ACCIDENT	NEW YORK	NEW YORK	COMMON SCHOOL	PROTESTANT
ANNE	25	F	1890	1915	FEVER	NEW YORK	NEW YORK	COMMON SCHOOL	CATHOLIC
JOHN	15	M	1900	1915	SCURF	NEW YORK	NEW YORK	COMMON SCHOOL	PROTESTANT
MARY	10	F	1905	1915	SCURF	NEW YORK	NEW YORK	COMMON SCHOOL	CATHOLIC
CHARLES	5	M	1910	1915	SCURF	NEW YORK	NEW YORK	COMMON SCHOOL	PROTESTANT
ELIZABETH	2	F	1912	1915	SCURF	NEW YORK	NEW YORK	COMMON SCHOOL	CATHOLIC

The following table shows the results of the examination of the bodies of the deceased, and the cause of death ascertained by the medical officers of the hospital. The names of the deceased are given in the first column, and the age, sex, date of birth, date of death, cause of death, place of birth, place of death, education, and religion are given in the subsequent columns. The names of the medical officers who examined the bodies are given in the last column.

The first column contains the names of the deceased, and the subsequent columns contain the following information: age, sex, date of birth, date of death, cause of death, place of birth, place of death, education, and religion. The last column contains the names of the medical officers who examined the bodies.

The cause of death ascertained by the medical officers of the hospital is given in the sixth column. The place of birth is given in the seventh column, and the place of death is given in the eighth column. The education of the deceased is given in the ninth column, and the religion is given in the tenth column.

The names of the medical officers who examined the bodies are given in the last column. The names of the medical officers who examined the bodies are given in the last column.

ships, the greatest number of these problems in all marital status groups.

From the small sample of seventy-two cases it is not possible to definitely state that there is a positive correlation with increase in size of family and number of problems. There is a very slight positive correlation between these two variables as is shown in the following table.

TABLE IX

NUMBER OF PROBLEMS ACCORDING TO SIZE OF FAMILY

Size of Family		Number of Problems												Total Problems	Cases	Average Problem Per Case
No.	Persons	0	1	2	3	4	5	6	7	8	9	10	11			
2	34	1		4	3	2	2	4		1				67	17	3.9
3	75	1	1	3	6	5	2	3	3	1				102	25	4.0
4	52		2	2	1	1		2	1	1	3			67	13	4.3
5	45			2	2	2	2		1					35	9	3.8
6	30		1	1	1	1							1	22	5	4.4
7	14				1		1							8	2	4.0
8																
9																
10	10			1										2	1	2.0
Total	260	2	4	13	14	11	7	9	5	3	3	1		303	72	4.2

The family of three persons had the largest number of problems of any size family represented in this study with 33.3 per cent of the total problems, but this size family represented 34.7 per cent of the cases studied. The six person family had the largest average number of problems per family with 4.4 problems.

Table X. does not appear to bear any statistical weight, but it does give a picture of the problems present in these families according to the length of time that these families have been receiving aid to dependent children payment. The largest number of cases, 15.3 per cent were active,

receiving assistance, between "16-18" months. The second largest group, 13.8 per cent of the cases were active between "4-6" months. There were thirty cases, 41.6 per cent of the cases active less than one year as compared to forty-two cases over one year. The median length of time for receipt of aid to dependent children payment was in the group of "16-18" months. The cases active between "16-18" months had the greatest total number of problems; this group represented eleven cases with 3.8 problems per case. The greatest number of problems per case was eight, these cases were in the "40-42" and "52-54" months group. The number of problems per case do not consistently increase as the length of time of receipt of payment increases, but there is a scattered gradual increase which would suggest that the number of problems per case increase as the length of time of receipt of payment increases. This may be due to the fact that either the client or the worker becomes more aware of existing family problems as the length of time of receipt of assistance increases, or it may be due to the fact that many of these families do not make an adequate adjustment while receiving public assistance and as the time of receipt of assistance increases they develop more problems.

How These Problems Are Being Met In Rhode Island. The seventy-two cases reviewed revealed 303 problems recognized by the social workers. There were only eleven cases in which it was not possible to determine whether any problems existed beside the financial problems. It may be that there were no problems indicated, but the recording did not indicate that the family was individualized and therefore it would be difficult to say whether problems existed and the need for case work services were indicated in these

TABLE X.

NUMBER OF PROBLEMS ACCORDING TO THE LENGTH OF TIME CASES HAVE BEEN ACTIVE SINCE LATEST ACCEPTANCE FOR AID TO DEPENDENT CHILDREN PAYMENT

Months	Problems										Problems per Case
	Soc. Rel.	Emo- tion.	House Mngm.	Hea- lth	Em- ploy.	Sup- port	Leg- al	Oth- er	Total Problems	Cases	
1-3	1		3	5	3	1			13	6	2.1
4-6	2	3	5	13	1	5	3	1	33	10	3.3
7-9	2		2	6	1	1	1		13	5	2.6
10-12	5	1	3	6	5	2			22	9	2.4
13-15	3		2	7	1	1			14	3	4.6
16-18	9	2	10	10	4	5	2		42	11	3.8
19-21	3			1					4	1	4.0
22-24	4	3	6	6		1			20	5	4.0
25-27	1	1	3	4	2	1			12	2	6.0
28-30	9	4	7	11	2	4	1		38	6	6.3
31-33	4		4	3	1	1	1		14	2	7.0
34-36	5	2	2	6	1	1	1		18	3	6.0
37-39											
40-42	1	1	2	2	1	1			8	1	8.0
43-45			3	3					6	1	6.0
46-48											
49-51											
52-54	3	1		3	1				8	1	8.0
58-118	11	2	11	9		2	2	1	38	6	6.3
Total	63	20	63	95	23	26	11	2	303	72	4.2

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cases. It may be that the recording was not adequate but that the cases were given the required service. Individualization of the financial needs of the family is not a handicap as there is not a maximum on the amount of payments. The agency can recognize the varying needs among individuals and among families. In some of these cases the recording stressed the financial needs of the family and this might be responsible for the lack of individualization of the family and its members. The accompanying chart on the next page shows the problems recognized, the treatment of the problems within the agency or by referral and the results of treatment. Each problem was checked for treatment as either showing improvement or no improvement. The degree of improvement was not evaluated. In some cases the problems indicated improved without the benefit of or in spite of case work treatment. The case work treatment varied in extent and range. Case work treatment besides financial assistance was in the form of counselling, procurement of medical and dental care for both parents and children, making known community resources and helping clients get in touch with these resources, acting on behalf of a client with his consent in contacting other agencies or persons, procuring legal aid, arranging for camps and convalescent care, and in some cases there was evidence of intensive treatment. In several cases where the problems appeared to be too involved, complicated or requiring intensive case work they were referred to other social agencies. The major type of case work treatment was directed toward the modification of the environment. All of the problems recognized did not receive case work treatment as is shown in the chart. Of the problems recognized 76.5 per cent received some form of case work treatment. While

TABLE XI.

TREATMENT OF PROBLEMS AND SERVICES RENDERED BY THE
PUBLIC ASSISTANCE AGENCY

Problems	Problems Recognized	Treatment			Services Rendered	
		Improve- ment	No Improve- ment	No Treat- ment	Within Agency Function	Referral
Yes						
Social Relationships	63	22	11	30	23	10
In the Home	28	4	9	15	11	2
Parents	10	1	3	6	3	2
Parent-child	16	3	5	8	7	1
Sibling	2		1	1	1	
In the Community	35	18	2	15	12	8
School	16	8	1	7	7	2
Playmates	3			3		
Recreation	12	9	1	2	5	5
Other (Stealing)	4	1		3		1
Emotional Maladjustment	20	4	4	12	6	2
Parents	14	3	2	9	4	2
Children	6	1	2	3	2	1
Household Management	63	39	12	12	51	3
Housing	19	9	6	4	15	
Budgeting	24	12	5	7	17	2
Nutrition	12	11		1	11	1
Other	8	7	1		8	
Health	95	88	3	4	91	7
Mental	9	4	2	3	6	
Parents	8	4	2	2	6	
Children	1			1		1

1. Name of the person	10	10
2. Address	10	10
3. Date of birth	10	10
4. Date of death	10	10
5. Cause of death	10	10
6. Place of death	10	10
7. Name of the physician	10	10
8. Name of the hospital	10	10
9. Name of the city	10	10
10. Name of the state	10	10
11. Name of the country	10	10
12. Name of the continent	10	10
13. Name of the world	10	10
14. Name of the universe	10	10
15. Name of the cosmos	10	10
16. Name of the multiverse	10	10
17. Name of the omniverse	10	10
18. Name of the everything	10	10
19. Name of the all	10	10
20. Name of the totality	10	10
21. Name of the whole	10	10
22. Name of the complete	10	10
23. Name of the full	10	10
24. Name of the perfect	10	10
25. Name of the ideal	10	10
26. Name of the ultimate	10	10
27. Name of the final	10	10
28. Name of the last	10	10
29. Name of the end	10	10
30. Name of the conclusion	10	10
31. Name of the result	10	10
32. Name of the outcome	10	10
33. Name of the effect	10	10
34. Name of the consequence	10	10
35. Name of the implication	10	10
36. Name of the result of	10	10
37. Name of the consequence of	10	10
38. Name of the effect of	10	10
39. Name of the implication of	10	10
40. Name of the result of	10	10
41. Name of the consequence of	10	10
42. Name of the effect of	10	10
43. Name of the implication of	10	10
44. Name of the result of	10	10
45. Name of the consequence of	10	10
46. Name of the effect of	10	10
47. Name of the implication of	10	10
48. Name of the result of	10	10
49. Name of the consequence of	10	10
50. Name of the effect of	10	10
51. Name of the implication of	10	10
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53. Name of the consequence of	10	10
54. Name of the effect of	10	10
55. Name of the implication of	10	10
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57. Name of the consequence of	10	10
58. Name of the effect of	10	10
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94. Name of the effect of	10	10
95. Name of the implication of	10	10
96. Name of the result of	10	10
97. Name of the consequence of	10	10
98. Name of the effect of	10	10
99. Name of the implication of	10	10
100. Name of the result of	10	10

Table XI. continued

Physical	86	84	1	1	1	85	6
Parents	47	45	1	1	1	46	3
Children	39	39				39	3
Employment	23	7	8		8	10	6
Parents	18	7	5		6	9	4
Children	5		3		2	1	2
Support	26	11	10		5	2	19
Legal	11	7	4			4	7
Other	2	2				1	1
Total	303	180	52		71	188	55

1	1000
2	2000
3	3000
4	4000
5	5000
6	6000
7	7000
8	8000
9	9000
10	10000
11	11000
12	12000
13	13000
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98	98000
99	99000
100	100000

23.5 per cent of the problems did not receive any treatment, case work services were indicated. There was some degree of improvement in the problems recognized and treated in 59.4 per cent of the cases. The greatest number of problems that did not receive treatment were the ones showing problems in social relationship. This represented 42.2 per cent of the untreated problems. The second largest group of untreated problems were concerning emotional maladjustment with 16.9 per cent. We can see that in the situations involving the intangible case work treatment involving the emotions and underlying problems, the social behavior and adjustment problems that these are not being met. Many times the modification of the environment will bring about the necessary changes needed toward affecting individual attitudes or relationships. There is little case work treatment involving the client's subjective realities, their emotional conflicts, feelings, etc. in helping the client to make a better adjustment to himself and thereby affecting a better adjustment in his environment.

Social Relationships. Out of sixty-three problems in the social relationship grouping only thirty-three received some case work treatment and 66.6 per cent of the cases receiving treatment registered some degree of improvement. Of these cases 15.9 per cent were referred to other social agencies in the community such as Child Guidance Clinic, summer camps, Y.W.C.A., settlement house, Bureau of Domestic Relations and nursery school. Because of the great number of unmet problems in this grouping it would appear that the workers recognize that a problem exists, but are either unable to meet the problem because of insufficient time or because of lack of training and inability to treat the problem. Relationship problems

lems between husband and wife numbered ten and only four received case work treatment and one-half of the parent-child relationship problems were also unmet. In two of these cases the mother's sought help in making decisions regarding the return of the father to the home. In one case the mother was ambivalent about the maintenance of a relationship between the absent parent and their son. The mother was helped to understand that the absent parent was an important influence in the life of the child and arrangements were made for the father to visit with the child. In another case the mother was helped to a better relationship with her husband by the worker's interpretation of the husband's mental illness. The writer feels that many of the problems in this group could have been explored more fully and referrals made to the proper agency in the community.

The School. There is a definite lack of contact with the schools and it would appear that the school could have been used as a resource. Out of the sixteen problems involving school, the school was contacted in only two cases. In two cases children were planning to leave school on their sixteenth birthday and there was indicated a need for vocational and employment counselling and this service was not provided or referral made to the proper community agency. In the four cases involving stealing the parents reported this behavior to the worker and in only one case was this problem discussed with the parent and treatment was attempted by referral. There are many factors that produce anti-social behavior and this behavior may have its roots in emotional and personality maladjustments but we were not able to determine this from the recording in these case records. In regards to the school problems the worker can help in the diagnosis of the diffi-

culty and the treatment of the child with the assistance of other appropriate agencies in the community, if necessary, such as the School Clinic for Children's Problems and Child Guidance Clinic. The worker's can gain a great deal from contacts with the school. The worker can help by interpreting the situation to the parent and also help the school to a fuller understanding of him from the school's observation of his behavior with other children, toward the teacher, and his interest in and ability to do his work. The worker can also help the parent to participate in all this and thus help the parents to gain a greater interest in their children.

Recreation. There was very little recording in these cases in regards to recreation and after-school activities in these families. While there were twelve problems in regards to recreation and 83.3 per cent received treatment the writer feels that this area was not explored fully with these families. Several children were helped to go to summer camp and one boy was helped to join the Boys Club. The writer feels that probably many of these children were in need of outside interests such as the Boy and Girl Scouts, Boys Clubs, denominational centers, camps, and settlement houses, etc. All these contacts can make for stable and sound relationships with the leaders and directors of these various organizations and the children have an opportunity to meet children of their own age. Many parents are in need of help to understand their children's social needs or of the community resources where these needs can be met and the worker who has knowledge of the available resources in the district and the community can do a great deal to interest the parents and the children and help them make such advantages available. This is particularly important for children

living in a crowded neighborhood as is the case where this study was made. Emotional Maladjustment. Sixty per cent of the emotional problems were unmet and only three referrals were made to other community agencies for service. The public assistance worker is often concerned with the emotional aspects of human behavior and while it is not this agency's function to treat the individual's behavior difficulties in and of themselves, social problems normally cause some emotional disturbance and these feelings are brought into the client's use of the agency service. Feelings of humiliation or anxiety are allayed through interpretation of agency function, through information on eligibility requirements, or through clarification of the agency's procedure. Problems in this group requiring intensive case work can be referred to other agencies in the community staffed with personnel competent in psychiatric case work.

Health. Problems in health received case work treatment in all but four cases. Only one case represented a physical problem and three involved mental illness. As in the case of emotional problems there appeared to be a lack of understanding of the mental illness problem and the possibility of referral. There is no doubt that the workers are meeting the health problems in these families whether the clients make known their health needs or whether the worker recognizes the health problem and helps the client to accept the necessary medical care. This may also be due to the fact that the agency has a most adequate medical program and that the medical needs are met on a more realistic basis than other needs and the workers probably feeling secure in this area are better able to provide good service. While in many instances the degree of recovery was not indi-

cated, we can assume that there was some improvement in the health condition after obtaining the medical care even though this was not recorded. The workers helped the incapacitated fathers, the mothers and their children to obtain the necessary medical care. Referrals were made to Well Baby Clinics, to local hospitals and to private doctors and specialists. The workers can see to it that the children are given every opportunity for a normal growth and development. Increases in the aid to dependent children payments were made to recognize higher food costs for special diets for tuberculosis, diabetes, anemia and malnutrition. There appeared to be a lack of a three-way interest and working together of the client, doctor and social worker. The writer feels that the workers could have been of greater service to the clients if they had been more aware of the client's health condition and his need for medical services. While medical care was provided the writer feels that the client could have been helped to a better adjustment if there had been a greater understanding of the illness and the meaning of the illness to the client. Beside the use of private doctors and local hospitals referrals were made to the T.B. League, the D.N.A., the Floating Hospital and the State Curative Center.

Household Management. The household management problems grouping shows the next highest percentage of services rendered with some improvement. Out of sixty-three problems only twelve problems did not receive treatment and the major unmet problem was budgeting. Case work practice in the area of family financial counselling is no different from its practice in the social treatment of other problems.

Assistance payments should be adequate to ensure meeting the individual's basic needs and because economic need is basic and primary, and

is related to the other needs of the individual, public assistance staff should focus on meeting economic need as fully as agency resources permit. However, because the individual's basic needs are interrelated, worker's should be particularly aware that adequate assistance in itself frequently alleviates other problems.²⁰

There were twenty-four budgeting problems and seven did not receive any treatment. In seventeen cases an attempt was made to help with this problem and in two cases when the public assistance worker's efforts did not bring good results referral was made to the Family Service Society. The value of the budget in the determination of need is accepted by all the workers as evidenced in these cases, but there was very little evidence that the clients were helped to understand that the payment represents a minimum standard of living and that the expenditure of this limited amount will require careful planning. The writer feels that there were more problems in budgeting than we were able to determine because of incomplete recording in regard to this matter. Many clients complained of their payments as being "too small" and this was not explored many times because, the writer feels, the workers are aware of the limitations of the budget. The client's inability to manage was accepted by the workers and they were in complete agreement that the payments were low and that the clients should "make the best of it" without determining the reason for the complaint and offering constructive advice, making suggestions or referring to the proper community agencies where help in budgeting could be obtained. It is difficult to remain within the allowance set by the agency and at the same time provide an adequate diet for the family and meet the family's other needs. It is a matter of concern to us when our clients are unable

20 R.I.Public Assistance Service Manual, Ch. 1, Sec. 100, p.1.

to feed and clothe themselves properly and their payment cannot be increased. In many instances when the client expresses difficulty in management, he may be projecting on the agency his feelings about his dependency and while we realize that frequently the difficulties are created by psychological or relationship factors, nevertheless there still remains a large group, probably the majority of cases, in which the family also needs practical help in managing on the aid to dependent children payment. In many instances these families must make a serious adjustment in their standard of living. It may be necessary to change food habits, learn new buying methods and a variety of practical economics. In time of financial stress, food is apt to play an even larger role than ordinarily in the life of many families. Case workers are apt to be so pressed with the variety of problems presented by their clients that they often forget the home economics resources in the community which can be used to meet their client's needs.

Housing. There were four cases where there was an unmet housing problem. The housing conditions were made known by the client, but no treatment was attempted. This may have been due to the acute housing shortage and the impossibility of improving the condition immediately.

Nutrition. There was only one case out of twelve where a nutrition problem existed and this was not met. The workers interpreted the procedure for obtaining the special diets and made the increases in the client's food allowances to meet the special dietary needs when the necessary medical evidence was presented. The need for the special diet and the importance of following the diets was also interpreted. This is another area where

food cost standards are more realistic and the workers are quick to recognize that they can be of help to the clients in meeting special food needs.

Other. The eight cases listed under this heading in the household management group were all met. These included help in planning to meet payment on back debts, the purchase of furniture and the setting up of a home in three cases.

Employment. Employment problems totaled twenty-three and these involved counselling, rehabilitation and planning for the care of children in order to enable the mother to obtain employment. Of the fourteen cases involving an incapacitated father there was a need for employment counselling in six cases where this was not rendered. In these six cases, due to the father's present illness or injury he was unable to return to his former job and the workers could have helped these parents to obtain vocational rehabilitation services. This is in keeping with agency philosophy, "The assistance plan should strengthen and develop the resources of the individual,²¹ and not tend to weaken or replace them". Rehabilitation is an essential part of the public assistance worker's job. Assisting the client to maintain or regain self confidence with which to meet his problem is the logical purpose of the public assistance program. Once aid to dependent children payment is granted to an incapacitated father does not mean that assistance will continue indefinitely. The worker must be alert to the possibilities of rehabilitation for the temporarily unemployed father due to temporary illness. The writer feels that sufficient emphasis was not

21 Ibid., Ch. II, Sec. 203, p.1.

placed on the rehabilitation possibilities of the incapacitated fathers in the cases reviewed. The father's status in the home is maintained through sharing plans for the family with him. In order to uphold the father's status as head of the family the payment is made to him whenever possible. The father while incapacitated and unable to support his family is still able to act as the head of the group in planning for their welfare. In the cases where the need for rehabilitation services were not met the workers recognized this problem or at least they were aware of the doctor's statement to the effect that the incapacitated fathers could do light work or work different from what they had been previously doing but there was no follow through to help them obtain suitable work. The following is quoted from one case record where the father recuperating from leg injuries was interviewed by the worker in the man's home, "Worker tried to get M to talk about his indisposition, but he was not ready at this time". The man was accepted for A.D.C. payment on 7/1/48 and the worker had not returned to the home by 10/1/48 when this case was reviewed to discuss rehabilitation. In another case the worker recognized the need for rehabilitation in the case of a man who had suffered back injuries on the job and was accepted for A.D.C. payment on 9/20/48 pending Workmen's Compensation Benefits settlement. She records, "Planning is to continue with M toward rehabilitation and possible employment". In the twelve cases where the employment problems received some treatment the workers discussed the possibility of rehabilitation and in connection with this helped them to obtain the necessary medical care. Referrals were made to private doctors, clinics, and the State Curative Center. Items for treatment of the incapacitated

parents can be included in the assistance payment. Treatment can go further than help for medical services. Referrals were made to the U.S.E.S. for employment counselling services. One father was incapacitated due to partial blindness and he was referred to the Bureau for the Blind and arrangements were made by the agency to send him to a business school. Referrals were made to the State Rehabilitation Office for Counselling and training and to the Community Workshops where one parent received occupational therapy. On the whole, in most of the cases reviewed, the fathers' prognosis was good and the workers had an opportunity to provide rehabilitative services. There are many agencies in the community equipped to help the handicapped. The agency provides supplementation to the father's earnings if they are inadequate because of partial disability to cover the budget.

In three cases mothers wished help in placing their children so that they could return to work. The workers discussed available community resources for child placing and in one case where the mother wished to place her child in a boarding school the worker helped in obtaining information about boarding schools in the community. In three cases the mothers sought the workers' advice in obtaining employment as they did not have economic security. The workers attempted treatment in these situations and discussed with them the importance of mother's care and the problem involved in making plans for the care of the children. In one case the mother who was separated from her husband wished to obtain employment. In order to escape the responsibility of the care of three children. The worker recognized this problem and made every effort to provide the mother with adequate

financial assistance so that she would better be able to cope with her family's needs. The problem of child placing was discussed with her and the meaning of this to the children and the mother's feelings about this action were met. The mother was finally helped to accept her situation and to obtain greater satisfaction from her role in the home. Sixty-six per cent of the parents' employment problems received some treatment and only 33.3 per cent of these problems were referred to another agency.

The children's employment problems numbered only five and 60 per cent of these received treatment; one within the agency by counselling by the worker and two by referral to the Junior Placement Office. The two cases which did not receive treatment involved youngsters who were leaving school when they reached their sixteenth birthday and did not have any training or special abilities and were in need of vocational or employment counselling, but this was not rendered. When the children leave school at the age of sixteen, continued social planning with them should be done in order that they will understand the importance of planning toward their own objectives which may include returning to school even though it means loss of employment for a temporary time. These children are allowed to choose between working or going to school and it is hoped that the availability of assistance will encourage them to stay in school. Decisions regarding work and schooling are important issues with which the adolescent frequently needs help and the worker can be of service. She may be able to provide this service herself or help the adolescent obtain help from the appropriate agency in the community.

One problem that did not show up in the cases reviewed is the problem

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presented by the child who has a great need to assert his right to keep his own earnings. This child leaves school to obtain employment and to keep his earnings and the worker has a difficult time in working out the assistance plan because of this. The child may decide to leave home if pressed for contributions and many times the parents are protective of these children and they themselves do not want their children to contribute toward the family's support and will accept a small contribution for their room and board as they feel that the children have been deprived of many things in the past and since they are now employed that they should provide these things for themselves and that they should not support the other younger children in the home. Many times a plan is worked out whereby the child will contribute a set amount and this amount is taken into consideration in computing the assistance payment, but the child fails to live up to the agreement and the other members of the family will suffer by this action until the worker can effect another plan of assistance.

There were no problems presented in regards to the children in the home who were not included in the payment and there were no case work services rendered to the members of these families who were not included in the payment. There was one case in which the writer felt that the eighteen year old girl who was employed did not receive individualized consideration of her needs in regard to her contribution toward the family's support. The decision to determine the amount of contribution of a single child in the home must include consideration of the family's own plan and of the requirements of the employed person. The earning member of the family has a right to present his own case. The worker's discussion with respect to his needs and to what his contribution to the family will be, will affect sound

assistance planning and mutual understanding of agency function. The agency feels that the amount of income which the child retains or receives back from his parent shall be adequate to cover computed or verified costs of his personal needs. In some of these cases there were adults who were not included in the assistance plan, but it is not known whether any problems existed with these children or other relatives as the recording did not give any indication of this.

Support. Out of the twenty-six support problems all but five received treatment. Problems involving support are usually referred to the Bureau of Domestic Relations. The worker's service in support problems involves interpretation of the function of this Bureau and the services which the clients may derive from there. It is part of the worker's job to help the mother to recognize that the absent parent still has legal responsibility to provide for the support of their children and that it is also the mother's responsibility to make every effort to get the father to assume this responsibility. Filing a complaint for non-support at the Bureau is not legal action, but if the Bureau is unable to work out a plan for support with the father it may be necessary to bring court action. This is discussed with the mother and if she believes that such action is in the best interest of the children the mother may seek help in obtaining a legal separation or divorce. The worker can help the parent to arrive at such a decision in accordance with the parents' own best judgement. In many instances the Bureau is successful in obtaining support for the family, but this is not true in all cases. Many times the parent does not keep up with payments and this necessitates adjustment in the assistance payment. In

42.3 per cent of these cases there was improvement in the support problem. There were nineteen referrals to the Bureau and in two cases the workers contacted the fathers involved and made plans with them to contribute toward the support of the family.

Legal. There were eleven legal problems and all received treatment. The workers realized that these legal problems had social effects and aspects amenable to case work treatment. Service was rendered either by the worker in the form of counselling or contacting private attorneys or by referral to the Legal Aid Society and the Bureau of Domestic Relations. There was some improvement in 63.6 per cent of the cases involving a legal problem.

Other. The two problems listed under this heading were both met. In one case the piano lessons for the child were obtained on a scholarship at a convent and in the second case the special clothing for the religious service was met by the agency by increasing the A.D.C. payment. There was no information obtained on special opportunities afforded unusually gifted children other than what has already been cited. Instances of what the agency could offer the handicapped child and the child who was particularly gifted and desirous of developing special talents or native abilities was not shown by these case records. One boy who was interested in art was helped by another agency to get a scholarship to an art school, but the public assistance worker did not participate in this. The agency does make provision for recognition of special educational programs for children with special talents or interests such as music or art, etc., and also for children with mental limitations or emotional disturbances who may benefit from specialized instruction but not from attendance in classes designed for

children who can learn in a group situation planned for the average child. Children with physical handicaps may be unable to take part in regular in regular or usual school program. None of these situations were present in the cases reviewed, but they can be met by the agency. The worker explores with the family all available community resources to make these special educational programs available to these children.

Summary of Treatment of Problems. It is encouraging to report that out of the 303 problems presented by these families 232 received some treatment and there was some degree of improvement in 180 of these problems receiving treatment. In only eleven instances was treatment provided jointly by the public assistance agency and another community agency. The writer feels that greater use of this treatment method would result in better service to the families on the aid to dependent children program. Community resources were not fully explored or used as they should have been in order to provide good service to these families. There were fifty-five referrals to other agencies (this does not include referrals for medical care as these services are paid for by the agency by increasing the A.D.C. payment) in the community representing 18.1 per cent of the total problems. The writer wonders if many of the problems which did not receive treatment by the public assistance worker could not have been referred to other appropriate agencies in the community and service provided in this manner. Referral must be individualized and it should grow out of the study of the individual situation. The purpose of the referral should be clearly understood by the worker, the individual being referred, and the receiving agency. Referral is an integral and inherent part of the treatment process. Sixty-two per cent

of the total problems received some form of treatment within the public agency and 59.4 per cent of these problems treated by the agency or by referral showed some degree of improvement.

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CHAPTER V.

TEN CASE ILLUSTRATIONS

From the seventy-two cases reviewed the writer has selected ten cases for more intensive analysis of the case work involved. These cases have been chosen to illustrate the case work provided in meeting some of the problems presented by the cases reviewed. Some of these cases illustrate more than one problem and for that reason a larger number of cases are not being presented. The entire case is not summarized, but only the portion which illustrates an example of case work service. These cases have not been selected as excellent examples as there is no doubt that a better job could have been done in many instances and that many opportunities for case work services have been overlooked, but rather to illustrate just what has been done. In some of the cases parts of the case records are reproduced in an effort to show the case material and the worker's own recording of the treatment of a problem. The writer feels that the direct quotation often tells more about the client's problem and the treatment process than any description or summary.

Case 1. On 11/1/45, M age 38, applied for A.D.C. for his family which consisted of his wife, age 35, and their three children, Anne 9, Rosalie 8, and Frank 4, W was pregnant and expected to be confined the following month. M stated that he was unable to work because he had been told by the doctor that he had tuberculosis. During the intake interview the following took place: . . . M returned again and again to the fact that it was terrible to be told he had T.B., the fact that others had had the same experience, that many men had to leave their families, that proper care could arrest the disease and that immediate care could be had if necessary did not ease his feeling about the matter. Whenever he spoke of it, his manner

was extremely agitated. His feeling seemed to be that he should not have been told such an awful thing. He wishes to be better, but fears examination will reveal the worse. He is quite sure that he had not misunderstood the doctor and insisted that "the paper" showed that this worry was not unfounded. The worker checked with the Hospital clinic and found M was last x-rayed 4/44.

At the home visit following the office intake interview, M tells the worker

that: . . . His recent illness was neuralgia and pointing to his head, he mentioned the terrific pains he had at the base of his brain and extending over a part of his shoulder. M was not willing to revisit the Hospital clinic "since he had suffered so much in the past". Worker tried to understand M's feelings about his fear of being x-rayed and explained the necessity for doing this at this time, M said that he realized this but was fearful to know the truth about his condition. Worker talked to W about getting M to realize his responsibility for getting x-rayed and W said that she had tried. She and the children had been x-rayed recently. Worker suggested that he think about it for his own sake since he was a young man and secondly for the sake of his wife and young children who undoubtedly mean much to him. . . . After further discussion on the advantages derived by an immediate examination in fairness to himself and family, M agreed to go to the Hospital for a complete physical and x-ray.

At the end of this interview M state, "I have never been able to make such a decision before this time". On 11/15/45 M returned to the office after having been to the Hospital clinic. He told the worker that "He was holding his own and was able to continue doing light work". "You can't imagine how happy I was to know that I was free from T.B.". The worker talked to M about obtaining light work and referred him to U.S.E.S. M did not obtain work and on 2/28/46 the worker inquired about his efforts to find light work. . . . M had been ill with a cold, but if his condition improved he would be able to continue to look for work. M still has the fear that he has T.B. He told the worker that about two years ago, he was x-rayed, and was told that he had T.B. After three months it was found that the x-rays were negative, but he has not been able to adjust to the fact that he is not tubercular.

Up to this time M had not been accepted for A.D.C. payment as he was found to be physically able to do some light work and so the family was assisted through General Public Assistance. M had been coming to the office each

week to collect his check, but on 4/4/46 his wife came in his place and she was interviewed by the worker. . . . W told worker that M was very nervous, and had been practically sick with nervousness. The district nurse had been at the home, and had told them that they were due, as a family, for X-rays at the Hospital. W said that this x-ray plan always scared M because he is afraid that they will make a diagnosis of T.B. She said that he has been extremely nervous since he heard this, and until the x-rays are taken, and the diagnosis given, he will be a wreck. He has not made any plans for his job.

On 4/25/46 the worker interviewed M and discussed the above.

. . . Worker felt that this was the point where she could talk to M in regard to working with the Hospital, with the worker and the doctor there, as well as the case worker from P.A. M at this point asked the worker if she had written to the doctor yet, as the worker had explained to his wife at the previous contact, that she was going to do this in the near future. Worker said that she had not written to the doctor, but felt that after these x-rays were taken in May, that she would contact the Hospital to find out the diagnosis and the recommendations for him. Upon receipt of the summary from the Hospital, worker told him that if he were willing to work with us and the hospital, we probably could make some plan for him. Worker asked him the direct question, "Will you be willing to work with the Hospital and me?" M answered, "You've got me in a spot". He got up and paced about the room nervously. Worker at this point said that they would not be working particularly with the T.B. condition, if there was a negative diagnosis. If there was a T.B. condition, which may not be as his x-rays proved negative in the past, would he be willing to take medication and follow recommendations for the prevalent condition. M said that he did not want to go away to a sanatorium while his family stayed at home. He said that he had a fear of doctors, and a fear of hospitals. Worker pointed out that in the event that sanatorium care was recommended, it would be up to him to think this over carefully for his benefit and for his family. However, the worker pointed out that in forgetting the T.B. condition would he be willing to cooperate with the worker and the hospital in regards to psychiatric treatment.

The worker tried to learn the origin of M's fears and M discussed this fully with the worker and he seemed to have some insight. He told that his family was brought up on a lot of superstition, fears of lightening and thunderstorms, etc. M was placed on A.D.C. at this point as it was felt that he was either physically or emotionally unable to obtain work at this time. He did not keep his appointments at the clinic, but his family was x-rayed

and M stated that he would wait for their results and then go himself. The worker continued to work with M in helping M to accept the necessary medical care. The worker explained about the disease and about precautionary measures. She also tried to work through his wife and pointing out that he may be endangering their health. The family x-rays turned out all negative and several months later M was also x-rayed and the results were negative. The worker then talked to M about returning to work. He said that he did not have a trade and did not know where to turn. The worker discussed rehabilitation and the taking of aptitude tests. He was referred to the U.S. E.S. office for employment counselling. On 1/3/47 M was still unemployed. There had not been any further discussion of psychiatric treatment. He

told the worker: . . . He started to spit blood and has continued this spitting of blood for 4 or 5 days. He said that he was so frightened that he did not know what to do. Worker asked him what he thought a person should do in such a situation. He answered by saying, that the worker meant he should have gone to the clinic for a check up immediately. He said he knew all that and said he should go but can't get up enough nerve. Worker pointed out to him that he had made great progress for himself after debating for so long in the past about having any x-rays. When the results were negative he reacted very well and was full of enthusiasm. At that time, he said thatt he would take all precaution to insure good health which he felt he now had. She asked him to think about this very seriously and try to accept the fact that his health was his responsibility to himself and his family. M said he knew this, but what if he had T.B. She asked him if he did not feel it was better to find out. First of all, if he had it, doesn't he feel he should know so that he can do something about it and secondly if he does have it doesn't he feel he will save himself a great deal of worry. M said that the thing that bothers him is that if he had T.B. he might have to be separated from his family, and he does not feel that he can live without his children. Worker told him that this was a question-pointing out to him that if he loved his children as much as he claims, he does he would want his health guarded so that the children would be given the best opportunity in life. We talked at length about these implications. Worker advised M to go to the Hospital for x-rays.

M did not go to the Hospital until a month later and the results of the x-rays were negative. M again was referred to U.S.E.S. for employment

counselling. Due to the fact that W had to undergo an operation it was necessary for M to remain at home to care for the four children for several months. On 8/7/48 the worker discussed the possibility of M returning to work as W had regained her health and was able to care for the children. M had been attending the clinic at the Hospital and on 9/1/48 a report was received from the Hospital that M was free of the T.B. germ and that he was able to do light work. The worker inquired as to the need for a special diet for the family and the doctor stated that this was not indicated. Plans were to be made for an appointment with M to discuss this report and to make plans for M's return to employment.

This case presents a problem found in many of the cases where a health problem exists; the client is unable to accept the necessary medical care. The incapacitated father refuses or is unable to accept medical care and due to the illness is unable to return to his former employment, but is able to do light work. In this case we see the worker's persistent efforts to help M to accept the necessary medical care: chest x-rays, by interpreting the necessity for such preventive medical care stressing the importance of safeguarding his health and the health of his family. In an attempt to understand the reasons why M could not accept going to the Hospital for chest x-rays the worker helped M to express his feelings about this and he brought out his fears and the reasons for some of his fears. After repeated efforts to interpret the necessity for the x-rays on health grounds as well as repeated reassurances as to his duty to his family to do this M was able to go to the Hospital for the x-rays. Each time M was faced with another x-ray examination it was necessary for the worker to help him

to face this problem and to help him take this step. When the x-rays proved negative and it was indicated that M could do light work he expressed his fears about returning to work as he could not return to his former trade as a painter and the worker discussed rehabilitation and made the referral to the proper agency where he could obtain this help. The necessity for psychiatric treatment was discussed with M, but there was no indication in the record that this was followed through.

Case 2. W, age 64, maintains a home for herself and her granddaughter, Cathy, age 15. Cathy's father deserted the family in 1941 and her mother is living in Boston. Cathy has been living with the maternal grandmother off and on since infancy and quite regularly since 1941. Five of six other brothers and sisters were committed to the State Home and School in 1942. The unit was accepted for an A.D.C. payment on 10/6/47 when Cathy's mother stopped contributing toward her support. The grandmother was made loco-parentis for the child. On 5/10/48 the worker made a home visit in response to a letter received from W. . . . W stated that Cathy is badly in need of glasses and W did not know how to go about procuring them for her. We reviewed the services of clinic at the Hospital and the maximum amount that could be considered for reimbursement through A.D.C. . . . W then stated that she is also concerned about Cathy's present attitude in the home. We asked W what she meant and she said that she had requested Cathy on several occasions to assist with some household tasks, that Cathy has refused and has told W that as Cathy's room and board is being met through A.D.C. she has no responsibility for W. W said that she does not expect Cathy to do any heavy work but feels Cathy could help with dusting, etc. We said we were surprised to learn that Cathy has assumed this attitude, that often some children feel that they should not help with the housework, that Cathy probably does not realize the seriousness of W's illness and present partial incapacitation. W has arthritis of the legs. We stated that we agreed with W and as it was nearing the end of the school term, worker possibly could plan a home visit when Cathy will be present and worker can review the situation with Cathy. We explained that apparently Cathy is under a misapprehension relative to A.D.C. and we feel that in view of her age she is mature enough to be able to understand certain elements of this program. We suggested that W should not use this

agency as a threat to Cathy but rather we would want Cathy to better understand what her responsibility might possibly be in the home of her grandmother who has been a mother person to Cathy since she was born. We asked about Cathy's adjustment in school and her thumb-sucking and W stated Cathy seems to be getting along quite well, that her marks are good and that she does not suck her thumb as much as previously. W stated that she has noticed outside Cathy does not suck her thumb at all and she has not received any further report from her teacher. It is only at home while she is reading that she will occasionally put her thumb in her mouth.

At the next visit on 9/9/48, the worker calls at the home and interviews

both W and Cathy. . . . We felt that W seemed to be concerned about something and as there seemed to be a strained relationship between Cathy and W we asked if any problem had arisen that has caused any conflict between the two. Tears came to Cathy's eyes and she stated that she feels W is too old-fashioned. W does not trust Cathy and that it has now reached the point where Cathy leaves the house without W's consent. We asked W about this and she stated that she feels Cathy travels with a group of boys and girls who have not had good reputations. There was one girl in particular who had been expelled from the Jr. High School and Cathy had been called down to the office to determine how close a friend she was to this person. Cathy admitted a close relationship but stated she was not aware of the fact that the girl did not have a good reputation. W went on to say she had warned Cathy of this association for quite some time and enumerated names of several other friends whom she felt were not acceptable. Cathy stated that rumors continued to persist about people which are not true and we stated that this quite often happens but that this offense must be quite serious if the school felt it advisable to discuss it with Cathy. It appeared that this has been the source of dissension between W and Cathy and it appears that W is not able to meet this problem. We asked Cathy about her own feelings about this matter and she stated that when she has planned to go out of an evening she requests her supper early and that W deliberately does not prepare it. W denied this and we pointed out that there has to be a happy medium. W stated that Cathy does not tell her where she goes and Cathy stated that in the past when she has told W, W does not want Cathy to go and for that reason Cathy no longer tells W.

Cathy went on to relate a recent incident about attending an exhibition

with some friends and the grandmother's attitude about this: . . . W stated that she did not completely trust some of the fellows whom Cathy had been seeing. Cathy defended this saying that what W really objected to is the fact that Cathy does go riding at night with some fellows and girls. We asked Cathy if her going out nights has effected her school work and she stated no that she goes out only a few nights a week and usually limits herself to the week-ends. Cathy indicated that she knows the facts of life and that she feels she can take care of herself but it is worker's

impression that W is fearful lest Cathy become involved in some serious trouble.

We pointed out to W and Cathy that when there is such a big discrepancy in age between a guardian and a child, that there usually is some conflict between the two generations, that in some respects Cathy is right and others W is right but that Cathy should bear in mind that W has had far more experience in evaluating persons and is more aware of community mores and where as Cathy is young and feels W is being unreasonable Cathy should always bear these facts in mind. We pointed out to Cathy that very often a policeman who sees a young boy driving a car will stop a car in order to see the boy's license, etc., particularly if there are many young people in the car that although, this is harmless in itself the trouble might be created at some later date. We also suggested to Cathy that a young girl being seen alone at night in the downtown district is always open for questioning by the police. Cathy stated that she never allows herself to be seen with sailors. W seemed too sceptical in this agreement. She had no evidence to offer however that Cathy has been going with any sailors. . . . We suggested if any problems relative to this situation should arise again Cathy or W should feel free to request worker to the home in order that we may review it further. We did suggest that perhaps Cathy could limit her social activities for a short time and W stated that Cathy's mother has enrolled Cathy in the Girls' City Club which now occupies a great deal of Cathy's time.

This case illustrates something commonly found in the case records; the clients can usually ask for help in procuring tangible things, but find it difficult to ask for help with less tangible problems such as the relationship problem between the grandmother and the adolescent grandchild. Case work services were provided in this case when the worker related the agency's function in regards to the parent's request for glasses for the child. The worker also provided case work services in discussing the child's role in the home and her plan to talk with the girl in regards to her attitude toward the assistance received through the A.D.C. program and her attitude toward the grandmother. This plan was not followed through, however. There is also a further indication of an emotional problem in the child in her thumb-sucking at home and that possibly further study should have been made about this problem and referral made to Child Guidance

Clinic. Four months later the worker makes a second home visit and finds that the relationship problem between the two has been intensified. The grandmother complains of the child's behavior and the girl's reaction to the grandmother's authority in the home. The girl complains of the grandmother's authority and her unreasonable attitude toward her activities and friends. The worker attempted to understand both sides of the problem and to effect some understanding between the two. The grandmother found it difficult to handle Cathy's problem of going out and so she was not preparing her meals on time. It appears that the grandmother needs help in understanding the behavior and needs of an adolescent child and that W's fears about the girl getting into trouble could be alleviated if a good relationship existed between the two and the girl was able to discuss her questions and problems with her grandmother. The girl as an adolescent presents many problems posed by this age group and she is in need of guidance and in need of someone to identify with and the girl is finding it difficult to accept help from the grandmother. Further case work services seem to be indicated here to help the girl make the best possible adjustment in the grandmother's home. The worker tells both W and Cathy to call on her for further help if needed in regards to the relationship problem. Since this would not be likely unless a crisis arose the writer wonders if the possibility of referral to Family Service Society or Child Guidance Clinic could not have been discussed. In view of the Public Assistance worker's caseload she would not be calling on this family until the next annual redetermination of need was due.

Case 3. W, age 36, and her three dependent children aged 9, 7 and 2 make

a home together. W applied for financial assistance after the death of her husband because of her inability to work due to difficulty in making plans for the care of her children while she worked and she was accepted for an A.D.C. payment on 9/16/47. The following is part of the first interview

following intake: . . . Worker and W reviewed W's budget and when worker interpreted the standard budget, W said she didn't know how she could manage on such a small payment when prices of everything including foods were so high. Worker explained that buying the foods in season and in competitive markets where the prices were keen helped a great deal in budgeting, also relating the inexpensive nutritive menus were available to help with the food planning. W said that she would try to manage to the best of her ability.

This case presents a problem in household management; budgeting. W expressed fear that she would find it difficult to manage on her A.D.C. payment. The case work here involved helping W to make the adjustment to the Public Assistance standards. An attempt was made to help W with this problem, but the help was not adequate. Where could W get help in planning low-cost meals, etc., and help with other budgeting problems? Since it was quite obvious that the worker was not prepared to give further service along this line, referral could have been made to the homemaking departments at the utility companies, the State nutritionist or to the Family Welfare Society. The worker could have helped W in obtaining literature from numerous sources on home management, meal planning, nutrition, etc.

A visit was not made to find out how W was managing nor did W contact the worker. A year later, on 9/29/48, at the time that a redetermination of need was due the worker records: . . . We wondered how W had been getting along during the past year. W said that she was finding it difficult but she had made up her mind that it had to be done and, therefore, is making the best of her situation. She said that she had gone through a very difficult period getting over the loss of her husband, but on the other-hand, the children had been well, she had no trouble with them, therefore, she supposed she had every right to be thankful.

This case illustrates a number of such cases which do not present any major problems and the worker becomes active with the family only during the time that a redetermination of need is due. While W expressed fear that she might not be able to manage on her A.D.C. payment she did manage without any further assistance from the worker. Some further help from the worker or referral to some other agency in regards to budgeting and adjustment to department standards probably would have eased the situation for W. The record does not indicate the amount of dependency that W had on her deceased husband in regards to managing the family income, but her anxiety may have been heightened when she was faced with the problem of having to manage the family's needs alone and on a smaller amount of money. Adjustment to department cost standards is a common problem with many of these families and case work is necessary to assist the families in meeting their needs within these standards. In many cases this is the only case work needed.

Case 4. W, age 33, and her five dependent children aged 12, 11, 7, 5 and 2 make a home together. W was granted A.D.C. payment on 11/4/43 to supplement her husband's contribution of \$16.00 weekly. The couple had recently separated and W had filed for divorce. On 5/23/46 the worker made a home visit in response to a letter received from W requesting a home visit immediately as she was expecting a baby soon and she had not seen a doctor or made arrangements for hospitalization. W stated that Mr. K. was the father of the child and suggested that worker write a letter to him requesting that he pay for her hospital bill. During the interview W told the worker that she was pregnant by a sailor. She explained how she met him,

their relationship and her efforts to contact him to no avail. She expressed great concern about payment of the hospital bill and felt that the sailor should be made to pay the bill. . . . Worker wondered why she didn't think about the child's support. She stated that she hoped the child would not live. On inquiry she said that she didn't feel "much life". She said she felt it was hard enough to raise four children on the assistance she was receiving without adding another child. Worker pointed out that the baby, if not supported by his father, would certainly be cared for in her A.D.C. payment. W then remarked that her real reason was because she would have to take total responsibility for the child. She added that her young married sister had just lost a baby. Worker then suggested that her sister might want to adopt the baby. W quickly replied that she would never allow that because if her baby lived, she would care for it herself, "as it is hard for a mother to give up her child". W also stated that she would never want to marry Mr. K. as he drinks quite heavily and "besides I'll never look at a man again". . . . Worker agreed to contact a doctor for W, also Bureau of Domestic Relations. W asked what she should do if labor started during the night. Worker suggested that she have somebody call the police who would take W to the hospital.

After the birth of the baby, 5/24/46, W's divorced husband learned that W had an illegitimate child and contacted a lawyer who wrote to W in regards to the status of the baby and informed W that the ex-husband refuses to continue to provide for the support of the other four children. W was greatly disturbed by this and went to the Public Assistance office to discuss the contents of the letter with the social worker. . . . Worker contacts lawyer H. by phone, explaining that W was quite upset on receiving his letter and requesting that she explain that W's baby is registered at the City Hall as an illegitimate one and at no time to worker's knowledge, did W accuse M of paternity of said child. The lawyer said that he had not had time to check the records as yet, but added that M also accused W of giving his name at the Hospital. Worker replied that it was very improbable that such a thing happened in view of the fact that worker called the day preceeding W's entrance to the Hospital, and with W's permission explained her expected delivery to the medical social worker. The lawyer then replied that regardless of the aforementioned, he believed, M would refuse to give W further support for the children, on the grounds that she was unfit to care for them. Worker stated that she definitely disagreed, adding that her agency feels W is a very capable mother and at no time to the department's knowledge, has she neglected any one of her children since she separated from M. Worker then asked if M was will-

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ing to take the children into his home now that he had remarried. The lawyer quickly replied that he didn't know anything about that. He then asked worker if she was willing to stand by W if the case had to be brought into court. Worker agreed to do this. Mr. H. then stated that he merely wanted to explain W's rights to her. Worker replied that W was right here and asked if he would like to talk to her now. He gave an affirmative answer. . . . W was told to call Mr. H., if the payment did not come through as usual and according to what would be revealed at the time of her next telephone conversation with Mr. H. further assistance would be assured at the district office if it was needed.

On 7/15/46 the worker phoned the attorney regarding the disposition of the case. He informed her that a letter had been received from M's attorney requesting a reallocation of a modified final decree adding that M wanted custody of the children. It was suggested that W apply for Legal Aid Society help in this matter as the private lawyer refused to handle W's case any further as he had not been receiving any fees. On 7/18/46 W called at the office with a registered letter from M's attorney notifying her of the above. She expressed her feelings about this and the worker attempted to assure her and give her support in this trying period. The case was heard in court and M's contributions were decreased to \$10.00 weekly because of his smaller earnings. The A.D.C. payment was adjusted to meet the deficit caused by M's decreased contribution. No mention was made of relieving W of the custody of the children. Worker referred W to the Bureau of Domestic Relations for help in obtaining payment of the hospital bill and for support of her youngest child from the putative father. After the worker had helped W with the problems involved with the birth of the illegitimate child W turned to the worker for help with her son, John's delinquency problem.

On 3/12/47 W tells the worker that her nine year old son has been taking things from children's pockets and desks at school and the teachers

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have suggested sending him to a Home. She expressed her displeasure about

such a plan as she did not want to be separated from her child. . . . In the discussion that followed, W said her boy was a dull child and has been sickly much of his life. She said, "He was an 8 months old baby". She went on to say that as a baby he took seizures which he has now overcome and from birth she has noticed a lump on his head remarking, "His head appears to take the shape of the moon at times". He does not play with any children except his brothers and sisters in the back-yard, as "I am afraid". She said that she would never trust him with the younger children, adding that while she is able to control him, other people would not have the patience with him. Here she cited a time when she hired a housekeeper believing that if she returned to work in the mill her income would be greater. However, the housekeeper refused to stay because of John's actions, which the housekeeper felt were uncontrollable. At this time, W said the thought of returning to work left her completely because she realized she was needed in the home to take care of John. In view of what W disclosed concerning her son, worker said perhaps her fears would be calmed down somewhat if she were willing to have him examined by a physician who understood behavior problems and also have him undergo a complete medical examination as the lump described, might be fluid that was pressing on some of his brain cells. W said it was once suggested that he should be circumcized but as yet, she has done nothing about it. Worker pointed out that this need to be circumcized might be the seed of his trouble. W said she would take him to the Hospital as long as worker felt medical advice was needed. Worker immediately explained the services of the Hospital Psychopathic Clinic to W stressing the point that John would have physical and mental tests there and that W would also be interviewed and helped in handling John. This plan was agreeable to W who said she would telephone for an appointment. Worker briefly explained Child Guidance Clinic to W as a means of later referral. W said she understood and would immediately seek help from the Hospital clinic. After worker had cited the dangers now occurring in children because they were over-protected by their parents or guardians during childhood and proper treatment or recommendations was not given. W said she was concerned greatly over her child because she didn't want him to do any wrong to himself, to his siblings, or to anyone else. W appeared to be very sincere in her feelings throughout the interview and again expressed with great concern her feelings of motherly love for all her children.

On 3/24/47 W informed the worker that she took John to the psychiatric clinic and they told her he was in perfect health but that circumcision was necessary. She was to return on 4/4/47 with John for psychiatric services. . . . Worker then inquired about the children. W replied that John was still quite a problem even though on previous occasions she tried not to reveal her true feelings about him. A few weeks ago she

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recalled that he and three other children got into difficulty by breaking into a store stealing several articles and burying them in a nearby chute where they disappeared, never to be located. According to W the boys were frequenting this store regularly but were not discovered until they attempted to set fire to the store. W mentioned that the police gave him a good scare. W said John is not travelling with these older boys now but she has to watch him very closely to see that he comes directly home from school. This incident she said took very little effect on him "as he sees no difference between right and wrong". W said he takes tantrums frequently and she fears he might hurt the children or do something in the home to destroy all of them. This feeling is constantly with her she revealed, and on inquiry, said she would rather he received the necessary treatment through Child Guidance Clinic and should their recommendation mean institutionalization she is now willing to accept it. She added that this conclusion has come because she now realizes that as he grows older and stronger, she may not be able to manage him. Instead of striking W, she said he bangs himself around when reprimanded by her. Worker said that she would be glad to refer John to Child Guidance Clinic adding that it would be necessary for W to call and make the appointment for herself and John further stating that there would be more appointments. Worker then explained that a complete testing would entail time and treatment. W said she understood. Worker further explained that John should feel such attendance was to help both of them.

The worker visited the school to learn further about John's school adjustment. . . . John was found to be below in all his subjects. The other children were doing well. John is easily led by brighter boys. The teacher felt that "John has no fears and cannot be held responsible for whatever he does and besides what can you expect from the poor home situation". Here worker tried to uphold W's role as a good mother and housekeeper for her children pointing out definite facts which upheld W's role in the home. Worker explained that it has taken time for W to realize that John has needed special care but that at this point worker believes W is ready and willing to accept recommendation of the clinic.

This case illustrates case work services both with the parent and the child. The problems presented were recognized and met by the worker and the services of other appropriate agencies in the community were used. The worker was able to give W support and to help her through a most trying period during the birth of her illegitimate child and the husband's threats to take legal action for custody of the children during this time. W was helped to obtain the necessary medical care for her pregnancy and arrange-

ments were made for her confinement. She was also referred to the Bureau of Domestic Relations for help in payment of the hospital bill and for the child's support. W's ambivalent feelings about keeping the illegitimate child were met by the worker and assurance given that the child's needs would be met through public assistance until support from the putative father could be obtained. When the nine year old child's problem of stealing and delinquent behavior were made known to the worker she helped to make the referrals for medical and psychiatric care. The workers contact with the school helped the teacher to have a better understanding of the child and his home. The boy was helped through the public assistance agency together with the medical and other social agencies to make a pretty good adjustment.

Case 5. W, age 33, and her one dependent child age 7, make a home together.

W was separated from her husband and had not heard from him since 10/46.

W had been employed but was laid off from her job due to lack of work.

After exhausting her Unemployment Compensation Benefits she was accepted

for an A.D.C. payment on 7/16/47. . . . On 12/4/47 W phoned and asked worker if there was some way that her budget could be increased. Worker said that she could appreciate W's difficulties due to the increased cost of living but that the department standards had not been increased at present. Worker brought out that this matter was being discussed in the General Assembly. Worker assured W that she would be contacted as soon as the standards were increased.

. . . On 3/17/48 W phoned worker to inquire about prep schools since she would like to place Bobbie there in order to go to work. Since the worker did not know this information she suggested that W contact the school department and inquire there. The worker also phoned to get this information.

. . . On 4/15/48 worker made home visit to redetermine the family's needs. . . . The budget was reviewed and W was meeting family needs on the A.D.C. and had not accumulated any bills. She had worked out her problem by herself. She made over some clothing for Bobbie from clothing

given to her by relatives. She also requested that relatives give clothing at Xmas time instead of toys. . . . Worker inquired about Bobbie and wondered if W had thought further about sending him to boarding school. W related that she had made several calls, but has had no success. She then added that everything seemed to turn out well since she became ill and would have had to leave work if she had been working at that time. Worker spoke of her call to the Department of Education and related the information to W about this. Worker pointed out that there were a few Catholic Boarding Schools and also many Catholic day schools. W told worker that Bobbie is afraid of the nuns and had begged her not to send him to school where he will have nuns for teachers. W did not know why he had this fear. Worker asked if Bobbie liked school and she replied that he says that he does not since it is hard to learn to read and write. However he has many playmates there, etc. . . . Worker suggested the possibility of Providence Country Day School for Bobbie. W seemed interested in this and asked worker to visit her cousin's tenement below while she used the phone to call . W asked worker to call and worker learned that for boys Bobbie's age the Gordon Nursery School would be available. W and worker then went upstairs and W pointed out that this would not be a solution since Bobbie would be home in the afternoon while she was still at work. W then thought that she would wait a while until she recovers from her anemia. . . .

This case presents another problem in budgeting where the client was able to make the adjustment in meeting the family's needs within the public assistance standards without the help of the worker. The recording did not indicate the reason why W was having difficulty in managing and we do not know if this was explored. It would seem that when W requested that her payment be increased that she was actually asking for help in managing her present A.D.C. payment. The worker did not take the opportunity to discuss this problem with W until the following redetermination of need. We wonder if the mother's decision to go to work was not prompted by her problem in managing on her A.D.C. payment. The reasons for this decision were not evaluated, but the worker did discuss with W her plan to go to work and tried to help to make plans for the care of her child while the mother was employed. In this type situation it is necessary to discuss with the mother the importance of the mother's care and to determine the nature of the

mother's relationship with the child and who is to look after the child while the mother is working and will the child get adequate care. The worker should discuss the meaning of this added security the family gains through the mother's employment. What are the reasons why the mother chooses employment to staying at home and caring for her children.

Case 6. W, age 38, and her three dependent children aged 15, 13 and 5 make a home together. W has been legally separated from her husband since 11/5/43. By court order M was to pay \$25.00 weekly for support of the family, but he failed to give the full amount and so W applied for A.D.C. to supplement her husband's contribution of \$13.00 weekly and she was accepted for A.D.C. payment on 1/28/46.

On 3/13/46 the worker called at the home to find out how W was managing on her A.D.C. payment. . . . W told the worker that she was having a difficult time managing because her husband had not been giving her the full \$13.00 weekly payment. W had been to Bureau of Domestic Relations and spoke with the lawyer there and was told that the matter would be settled at the time of the court hearing for the pending divorce. The worker explained how the department could help her meet the deficit incurred by her husband's failure to meet the court order, and that we could plan to meet the deficit until some decision is reached by the court concerning M's responsibility in meeting his back payments.

On 5/27/47 arrangements were made through the Bureau of Domestic Relations for M to meet some back payments by increase of \$1.00 weekly in payment. The worker inquired about the children and W told of her difficulty with Pat, age 15. Pat was absent from school a great deal. The mother had a difficult time getting him up in the morning. The reasons for this were discussed with the mother and the worker learned that the children were allowed to stay up very late at night. The worker suggested that W see to it that Pat went to bed early so that he would not be too tired in the

morning and would be able to get off to school. W did not have any trouble with the two younger children. Pat was in an ungraded room and was older than most of the other children. He had recently been put on probation for truancy. The mother described his behavior and the worker interpreted the behavior to the mother as typical of many adolescent boys pointing out the need for guidance. The worker inquired about his interests and spare-time activities. These were discussed and the worker pointed out the local community recreational centers. The worker discussed the possibility of camp and stated that she would inquire about this for the boys. . . . In discussing the health of the children W told the worker that the doctor told her that their tenement was not good, because it was too damp and the plumbing was badly in need of repairs and the landlord did not attend to this. Worker concurred with this and encouraged W to look for better housing recognizing with her the acute shortage. W told of her activity to find a new tenement. The worker discussed the department's policy and standard about rent allowance. . . . W seemed to appreciate having somebody to talk to and said that she, herself, sometimes felt lonely. Worker suggested that the Nickerson House also had adult programs and told her about the Mothers' Club which was a social organization for the mothers of the children attending the settlement house. Worker also explained about the home economics classes there.

On 3/18/46 the worker contacted the school attendance officer and learned that Pat had a long record of truancy and defiance and was on probation for truancy. The worker contacted the Probation Counselor to discuss the possibility of trying to integrate his work with Pat into the family pattern. They discussed what the probation counselor had tried to do to interest the boy in outside activities. Since placed on probation the boy had been attending school. It was suggested that possibly psychiatric treatment would help the boy. The worker tried to help the mother to understand Pat's behavior. . . . W does not seem to feel that M's absence from the home has had any unfavorable effects on them although she attributed Pat's nervous condition to her husband's past behavior in the home. M never took much interest in the children and did not concern himself with

their problems.

On 4/14/47 . . . W was troubled as to what she could do for Pat. Worker said she had been wondering what W would think about referring the boy to Child Guidance Clinic. She explained that it was a clinic in which they would not accept children without one of their parents because they believed in talking it over with the parent. W did not accept the suggestion and explained that she had been to school clinic and had been advised "not to bother too much with him to get him up in the morning for school, but to just wake him and let him get up by himself". She said that she did this but that he was worse than ever. Worker said that she could understand this but that sometime as you grow older, we are more ready for treatment and that perhaps Pat, would benefit more by psychiatric treatment now. She said, however, that she was just suggesting this and perhaps W could just think about it.

On 7/24/47 . . . W claims that she isn't having any more trouble with the children, who according to her, are quite well behaved and adjusted and that the only trouble with Pat is when he has to go to school. She went on to say he keeps looking forward to the time when he will be 16 years of age as he is planning to leave school at that time. According to W, he is still interested in transferring to Trade School, it is possible that if he does so, he may be willing to complete his course there even after he reaches 16. Worker commented that the boy would need considerable encouragement and help when he returns to school in the fall, and that we would be glad to help W meet any difficulties which might arise in this area.

On 11/18/47 (Two months after school reopened) . . . Pat now has been getting to school on time, but according to W, became involved in other trouble. He talks out of turn, starts scraps and caused sufficient difficulty for W to be called to school where she talked with the principal who apparently has a very good understanding of the home situation and its effect on the boy.

On 1/16/48 (The worker had requested that W call at the office.) . . . The worker explained that we wanted to discuss Pat's plan with her and she stated he was planning to leave school as soon as he is 16 as he does not like it and the last few weeks it has been worse than ever, and he has had a great deal of trouble. The worker discussed possible employment and mentioned Junior Placement. The worker suggested also that he could discuss with his guidance teacher what his future planning would be. The worker inquired what kind of trouble Pat had had and W stated that it was merely that he hated to get up in the morning. The worker suggested that it might be that he does not go to bed on time, but W stated he goes quite early but just cannot get up and therefore would prefer night work, but realizes this may not be possible because of the laws governing the hours that children might work. The worker also suggested that Pat could go to the U.S.E.S. office to register for work. W wondered how the income checks would be arranged and whether Pat would

My dear Mr. [Name], I have just received your letter of the 10th inst. and am very glad to hear from you. I am well and hope this letter finds you the same. I have been thinking much of late about the future of our country and the progress of civilization. It seems to me that we are passing through a great crisis, and that the result will determine whether we are to remain a united people or become a collection of warring states. I believe that the only way to preserve our Union is by a firm adherence to the principles of liberty and justice for all.

I have been reading much of the history of our country, and I am struck by the courage and wisdom of our forefathers. They were men of great vision and great faith, and they have left us a legacy of freedom and independence. I hope that we may be able to live up to the ideals that they set before us. I believe that the future of our country lies in the hands of the people, and that it is our duty to do all that we can to preserve and improve our institutions.

I am, dear Mr. [Name], very truly yours,
[Signature]

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consider her as a dependent or she would consider him. The worker pointed out that this should be discussed with the Internal Revenue and would depend on the degree of dependency that each had toward the other.

W inquired if A.D.C. would be discontinued and the worker pointed out that it would depend entirely on the family's ability to manage and the amount of earnings that the boy has. W stated that she feels the responsibility will be good for the boy, but that at the same time she does not want to take all of his earnings. She stated that actually he has a very poor education as he is a poor reader and speller, and just had not been able to learn. He formerly worked last summer in a gas station and she hopes he will be able to find suitable work.

On 8/20/48 (W at the office accompanied by Pat.) . . . M was quite happy because he had obtained a job at the I. Service Station. At present he was told he will work 5 hours at night and 8 hours on Sunday. This will be a 6 day week for him and he will make about 75 cents an hour. Worker then figured out that the average pay would be about \$24.00 weekly. She asked him what he thought would be a fair contribution to his mother. He declined to say and W did not want to say what she felt her son should give her. Worker then interpreted to them what his obligations were to his mother and his younger brothers and pointed out to him that being the oldest of the family he was assuming his rightful place as supporter of his mother just as the other children would do when it came their turn to work. Pat seemed to understand that this was part of the man-sized job he had decided to accept by leaving school and going to work. However, he was rather reluctant that he should give very much to his mother. Worker pointed out to him in terms of obligation and our standards of assistance what he would be allowed for his clothing, health and incidental expenses needs if he were on assistance, pointing out what also might be an adequate sum he might retain from his wages. Worker stated that he should at least give one-half his salary to his mother. This both he and W were agreeable to. However, since he had not worked as yet a full week, nor received a pay, it was decided not to make a definite decision until such pay would be available. . . . It was decided that W or Pat should contact the worker the following week to let her know just what pay plans are.

W contacted the worker as planned and the plan was followed through. This is a typical case of a youngster who makes a poor adjustment in school and is eager to leave school as soon as he becomes 16 years of age. The worker contacted the school in an effort to learn something of the boy's school record. Probably much could have been gained if the boy's school counselor had been interviewed and the boy's interest in Trade School discussed. The question of Trade School for Pat was not followed through. Pat's reaction

to school may have been a symptom of something awry in his personality adjustment. His resentment of school's authority and truancy were probably due to more fundamental problems. The worker attempted to diagnose the difficulty and discussed referral to Child Guidance Clinic. The parent failed to accept the referral. At the time that the boy was leaving school the worker discussed employment and made suggestions as to where he could obtain vocational guidance and register for work. The child could have been interviewed by the worker to discuss the decision regarding work and schooling and referral could have been made to the appropriate agency for further help. Six months after the boy leaves school, he obtains employment and the worker discussed his responsibility for supporting the family. The worker records that the boy "was reluctant that he should give very much to his mother". Several cases showed that some of these youngsters who leave school to obtain employment have a great need to assert their right to keep their own earnings and go their own way, and unwilling to help bring up their younger brothers and sisters. The writer questions as to whether a sound plan was worked out with Pat and his mother. The family's own plan was not presented and the requirements of Pat were not reviewed in full. The employed child's personal needs should be discussed and the amount the child retains or receives back from his parent should be adequate to cover these needs and then the decision as to what his contribution to the family will be is made. This will effect sound assistance planning and mutual understanding of agency function. In this case the worker also attempted to meet both the children's and the mother's recreational needs and referral was made to local community recreation

centers. The worker also made an attempt to work with the probation counselor and the school attendance officer in regards to Pat's problem. This case also illustrates the treatment of a support problem. Referral was made to the Bureau of Domestic Relations and the worker made the necessary adjustments in the A.D.C. payment to meet the deficit caused by the lack of M's contribution pending the settlement through the Bureau. This mother was also being helped in obtaining a divorce through the Bureau.

Case 7. W, age 35, and her one dependent son, age 7, make a home together.

The unit was accepted for A.D.C. payment on 1/28/48 after M, who was legally separated from W, had stopped contributing the \$20.00 weekly court order for the support of the unit and W had given up her employment in order to stay home to look after the child as the mother considered him a problem. The father later made a \$10.00 weekly support payment and the A.D.C. payment supplemented this income. The following excerpt from the

case record presents the problem and its treatment: . . . W said that one of the reasons she had gone to work was because John had a feeding problem and she thought if she had a little money that she would be able to buy more and better food and be enabled to meet John's taste. Worker discussed the matter of John's feeding problem with W, who intimated that it is necessary for her to sit beside him although he is 6 years of age. Worker suggested that children of this age usually were quite competent in feeding themselves and that possibly this was an indication of something else and needed to be explored and that the earlier it was taken care of, the more helpful it might be to the child and proceeded to interpret the services of Child Guidance Clinic. W said that she will be willing to go anywhere and see anyone so that John could be helped in his food habits. She thinks that the boy is eating enough. He is refusing milk and other foods which he should have. Worker suggested that the Child Guidance Clinic might help W too, in how she could handle the matter. She expressed some concern that John might be hurt during examination. Worker again interpreted that this was a counselling service and that if any physical examination was required, it would be with a physician of W's own choice, who would report the findings to the doctor of the Child Guidance Clinic. W then became very interested in what could be done.

Referral to the Child Guidance Clinic was not made during this interview.

At the home visit following the intake the worker records the following

in regards to the child's problem: . . . W admitted that she had spoiled her son as he is the only child. She has been over protective of him. The fact that W can admit this is I believe a good indication that she can meet any change that may be needed to enable John to continue a normal adjustment as he grows older. Worker discussed the possibility of moving John into his own room. W agreed that this would be very good for him but she has no bed for him at this time. The crib, for which John is becoming too big, is the only sleeping accommodation she had for John. She keeps it in her room so that she can be sure that John is covered. This may be another sign of W's over-protectiveness, but as he is too large for the crib the chances of his kicking the blanket off are very great and W's concern can be understood. W would like to be able to get a bed for John and to fix up a room for him. Worker discussed the possibility of W's saving a little each month toward the purchase of a bed and also the possibility of procuring under the A.D.C. program. Further discussion of this point will be made in the future contacts. . . . John has become very curious and disturbed over the absence of his father from the home. It is planned in future contacts to work with W and her feelings toward John and the return of M. Referral of John to the Child Guidance Clinic will be taken into consideration if it is shown that John needs this assistance.

On 2/9/48 W contacted the worker and informed her that she was upset about her son being referred to Child Guidance Clinic. The worker learned of the abnormally close attachment between mother and child. The worker tried to get the bed for John through community resources in order to prevent the development of further attachment and abnormal relationship between the two. The worker talked to John and decided not to make the referral to the Clinic. The worker learned that John had been under the treatment of Dr. C. for an anemia condition and malnutrition and the special diet required by John for these conditions was considered in determining the family's food allowance. On 4/21/48 the worker continued to try to help W with her problem of over-protection of her child. W now allowed her husband to spend some time with John in the home as she had come to realize

that John needed some relationship with a man. . . . Worker and W discussed W's over-protectiveness of John and the results that this treatment might bring forth. W said she realizes that John may become too attached to her and tries to make him as independent as possible but due to the circumstances of her marital relationship with her husband, finds it difficult not to be over-protective of John. John is still sleeping in the crib in his mother's room and W realizes that it would be much better for John to have a bed of his own. She plans to shop around and try to find a bed that will be suitable for John. Worker again interpreted the procedure that would have to be followed to obtain this need. . . . At the present time W seems to be doing as well as can be expected in adjusting to John's need for a father. Her father of whom John is very fond appears to be filling this need at the present time. Future discussions will be around the area of John joining some organization such as the Boys Scouts.

In this case the worker recognized the mother's emotional problem and her reaction to her separation from her husband by over-protecting her only child. Treatment is attempted and efforts made to get a bed of his own for the child and to have a relationship with a male figure. The worker also planned to introduce the child to a boys' club. The child's need for a special diet was also met. We were unable to determine the reason why referral was not made to the Child Guidance Clinic, but the worker did discuss this resource and the services of this agency. There was no exploration or treatment of the mother's emotional problem. Treatment was focused on the problem created by the mother's reaction to her emotional problem; over-protection of her child.

Case 8. M, age 40, and his wife, age 40, and their one dependent daughter, age 12, make a home together. The unit was accepted for A.D.C. payment on 1/12/48 to supplement the income in the home of \$20.00 weekly which M was receiving from Workmen's Compensation. He was incapacitated due to a back injury and was unable to work. On 1/12/48 M told the worker that he had noticed blood in his sputum and he had not obtained x-ray treatment be-

cause he fears that he might have Tuberculosis. He had not discussed this at home with his wife as he did not want to upset his wife who had just returned from the hospital after an operation. . . . He fears he will lose his Workmen's Compensation Benefit as they might feel he is unable to work because of his lung condition. Worker pointed out that this department could recognize the total budget should M's W.C. Benefits be discontinued and no other income was forth coming. M said that he was not aware of this. . . . Worker inquired about attendance at the Curative Center and learned that the insurance company had not referred M there. Worker explained that M's doctor could make the referral and the worker gave M the address and suggested that he discuss this with his doctor so that he can make the referral.

At the home visit the worker learned that the daughter was undernourished and anemic. The worker explained about the procedure for including the cost of the special diet in the payment. . . . W became quite upset. Her face became distorted as she tried to prevent herself from crying aloud. Worker waited while W controlled herself. Worker pointed out that if Dr. S. stated how many times Lou is to visit, the diet and medication he prescribed, that this could be included in the budget. W told worker that she is "ashamed" to tell the doctor why she wants this statement. Worker pointed out that it would probably aid the doctor in gaining more knowledge of Lou's condition if he was aware of the family's circumstances. . . . Worker inquired about Lou's school life and W brought out that she always received honor report cards. Worker mentioned the Smith Hill Girls' Club and some of its activities. Worker wondered if Lou might not be interested in this. W expressed a great deal of interest in this and thought she certainly would. . . . W said that she does not wish her to know the circumstances in the home and wishes to keep things from her. Worker pointed out that if Lou is a bright child, she must be aware of some of the family's circumstances and suggested that it might be better for W to share some of this information with her. W told worker that she had a very good life and wanted her daughter to have the same. Worker explained that if Lou had the security received from parents who loved her, she would be able to face her present circumstances. W again stated that she did not wish to tell her anything.

In this case we see a medical, emotional and a recreational problem. M feared obtaining medical care- x-rays to determine presence of tuberculosis because he feared the loss of income from Workmen's Compensation Benefit. When he was reassured by the worker his feelings of anxiety were allayed through interpretation that his payment would cover the deficit if the

the American people in general, and the people of the South in particular, are not only ignorant of the true state of the case, but are also misled by the false statements of the Southern press. The Southern press is a tool of the Southern slaveholders, and its purpose is to keep the people of the South in ignorance of the true state of the case, and to keep them from seeing the error of their ways. The Southern press is a tool of the Southern slaveholders, and its purpose is to keep the people of the South in ignorance of the true state of the case, and to keep them from seeing the error of their ways.

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Workmen's Compensation Benefits was discontinued so that M could feel free to obtain the necessary medical care. The worker also explained about the community resource where M could receive rehabilitative services and the procedure for referral. M did follow through with this suggestion for the necessary medical care. The daughter, Lou, was also seen by the family doctor and the necessary statement procured for the special diet and the budget was adjusted accordingly. The worker recognized that the parents were having a difficult time facing their situation realistically and she tried to meet their feelings about their predicament and to help them to make the best possible adjustment for themselves and their daughter within their limitations. The girl was being shielded from learning the family's financial situation and there were other signs of over-protectiveness of of this child by the parents. The worker made arrangements for the girl to join a girls' club so that she could have a recreational outlet away from the home and meet girls her own age.

Case 9. On 10/1/45 M, age 28, a Veteran of War II was granted A. D. C. payment for his family which consisted of his wife, age 26, who was pregnant, and one dependent child, one year old. M had been honorably discharged (section VIII) after one and a half years of service. He had worked at the K. Shipyard where he was injured seven months ago. Workmen's Compensation Benefits had been denied him and he had an appeal pending at the Labor Board. His Cash Sickness Benefits had been exhausted and he had presented a statement from his doctor stating that he was unemployable. He had been referred to the Veteran's Bureau for rehabilitation training where he was found to be mentally defective and a decision for a training

program in electricity for him was pending. . . . On 10/11/45 W contacted the worker at the office to seek her help in learning if M had visited the Rehabilitation Bureau to get information regarding his appointment to a school as she doubted that M had done this because of conflicting stories he told her. The worker phoned the Veteran's Bureau and learned the procedure for M selecting a training company and about maintenance allowance. The worker then made an appointment with M on 10/30/45 and discussed this with him as he was not aware of the procedure. Electrical companies where M might receive training were discussed and since M stated that he did not have any idea as to where to look the worker looked with him at various companies advertised in the telephone book and advised him that it would be much better for him to find one large enough to give him experience in all phases of electricity in the event he might find building wiring less interesting than other parts of this work. He thought the idea to be good and asked if worker would try to find that type of place for him. The worker then contacted the Rehabilitation Bureau to learn more about electrical concerns and gave this information to M. She (the worker at the Rehabilitation Bureau) suggests that worker contact various companies to learn of what coverage in electricity they had and if one was found to fill M's requirements, worker could advise them of the approved list and the method of procedure to be placed upon it. Worker questioned the fact that this type of service to a veteran should be given elsewhere but in the Bureau itself and she stated that because of the pressure of work they are unable to do this. Worker inquired into activities of various firms. All of this was explained to M and he was not only appreciative but amazed that worker would "spend so much time trying to help me". He was informed that this was part of the many services offered by the department to help a client and to prove the point M now has a better understanding of what he can do and what limitations are present in the matter of training. He stated that he no longer feels confused as to the course he is to follow and is anxious to get started.

On 1/9/46 the worker contacted the Veteran's Information Bureau to seek their assistance in placing M in a training school as M had not heard from them to date. She was informed that there would be a waiting period of about six months. There was some difficulty with the union approving on-the-job training. It was suggested that worker contact the union official and he would be able to help. M expressed his feelings about having to wait so long to hear from the V.A. and stated that he was going to withdraw his application. The worker discussed the advantages of learning a trade and that he would be realizing an ambition and be able to earn good

wages and properly care for his family.

On 3/26/46 . . . Worker phoned Dr. C. The doctor said that he hoped that he would be finished treating M in another month but said that he was very nervous. M had been discharged for psycho-neurosis and doubted if M could ever adjust to a working life. Worker explained the beginning of friction between M and W and wondered if he thought the Community Workshop would help him. Dr. C. said that he would not recommend him at this time. He also said that he planned to call M's lawyer to see if anything could be done about his appeal for Workmen's Compensation.

On 3/26/46 . . . W told worker that they were constantly bickering and both were on edge with each other. W hoped that something could be done for her husband as he seemed to be getting worse. Worker asked if she were able to get out more but W said that she did not as her husband was out most of the time. Worker talked to W about outside interests and asked her if she would be interested in attending some of the activities at the Y.W.C.A. and she appeared very interested. She told worker that she went to Y. activities and U.S.O. activities when she was at home and would like to go now. Worker agreed to obtain information on the Y. for her and suggested that these activities would help her meet new people. She said that she would like to do something new even if it was only one day a week.

The worker visited the Y. and inquired about activities for young married women. She then gave this information to W who later made her own arrangements for enrollment.

On 5/15/46 . . . Worker inquired about M's condition and he replied that he remained about the same adding that he couldn't sleep nights or eat. Worker said that perhaps most of the symptoms were due to nerves and M agreed with her. Worker asked if he had ever thought about attending the clinic for veterans who were nervous but M said that he had gone to one when he was first discharged. He did not think that they could do anything for him and that his private doctor was giving him medicine.

Due to M's unemployment the relationship between M and W becomes more strained. The worker continued to provide support and to help the family make the best possible adjustment.

On 8/11/46 . . . W then returned to a discussion of the different characteristics and personalities of the two children. In Jean's presence she described her as being rather "mean and a little devil at times". Worker commented that the child has no doubt been deprived of much attention to which she had been accustomed before the birth of Kay. W replied that she still gets a good deal of attention from M but worker pointed out

that the child needs attention and affection from her also. Worker also suggested that W refrain from making such comments in Jean's presence as they might have an unfavorable effect on her.

On 9/9/46 . . . Worker again visited the home as planned. The physical surroundings appeared most unattractive and untidy. W seemed even more discouraged than before, and indicated that it is becoming more and more difficult for her to cope with the situation. She was less protective of M, than she has been in the past, and was able to express considerable resentment against him and the total situation. When worker asked about M and his adjustment to his work, W replied in rather disgusted tones that she knew that M will not be able to hold the job. Contracting was too heavy for M. W discussed the possibility of leaving M and going to her home in Louisiana.

On 10/1/46 . . . W said that she and the husband were getting along fine, indicating that the friction between them had been alleviated. M attempted to take a job driving a truck, but he was not able to hold this job either. . . .

At this point the worker records the following: . . . It is felt that, in view of the intensive service which seems indicated and the limitations to our extending such services, referral to Family Service Society for case work service might be helpful if the family is willing to accept it. Visit was therefore made, to discuss the above plan with M and W before referring to Family Service Society. . . . Worker then started to discuss the possibility of referral to Family Service Society to which plan W appeared fairly responsive. During the discussion M came in. There seemed to be a feeling of hostility between M and W and it would appear that the relationship between the two is approaching a critical test. Worker again repeated the purpose of the visit to M, who stated that the only thing he feels he needs help in, is in getting into a small business of his own. He said that he has found it impossible to work for anyone. He brought out as one reason for this fact that people do not realize that he sometimes cannot put in a full days work and feel he is trying to get away with something.

On 8/19/47 the worker spoke with Family Service Society worker who stated that she had visited the family at which time she spoke with M and W. She felt that the interview was most unsatisfactory as M and W bickered back and forth about child discipline and then sat back, either unwilling or unable to participate in the interview. She felt she was getting nowhere and arranged separate appointments for each of them at the Hospital and office appointments with her. Neither kept the appointments.

The worker called on the family to find out why they did not keep appointments with the Family Service Society worker. W stated that "she did not

the whole world, the only one who has been able to do so, and who has been able to do so in a way that is not only possible but also necessary.

It is a very simple thing to do, and it is a very simple thing to do in a way that is not only possible but also necessary. It is a very simple thing to do, and it is a very simple thing to do in a way that is not only possible but also necessary.

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It is a very simple thing to do, and it is a very simple thing to do in a way that is not only possible but also necessary. It is a very simple thing to do, and it is a very simple thing to do in a way that is not only possible but also necessary.

care to have them and rejected any help that they or we would give her". The worker learned at this point that the family was having a great deal of trouble in household management, budgeting and finding it difficult to meet their needs on the department's cost standards. They had accumulated a number of bills and debts. They had dailed to comply with the department's policy in regards to submitting evidence of needs and had been replacing large items of furniture without discussing the purchase and payment of this with the worker so that a plan could be worked out to meet these special needs. The latest phone call to the doctor on 7/12/48 indicated that there was a possibility that M had a ruptured disc and if he has this he definitely would not be able to work. The doctor suggested that M submit to a myelogram, but M refused to do this. The Orthopedic Clinic at the Hospital suggested that M was in need of further treatment for his "nervous symptoms". The doctor agreed to continue to work with M with the possibility of referring him to Neurological Clinic. The doctor also felt that there was a possibility that M could do some work and he planned to suggest this to M.

This case presents problems in health, rehabilitation, social relationships, recreation, and home management. We can see the problems growing over the three year period that the case has been active on A.D.C. While the situation did not improve with the case work services rendered there was evidence that the problems presented by the family were recognized and treatment attempted. When the case first became active with A.D.C. M was in need of employment-training counselling and the worker was able to help M with this. Unfortunately the plans made did not materialize through no

fault of the client or worker. The worker gave this family a great deal of support at the beginning. Due to M's inability to work because of his emotional or psycho-neurotic condition the relationship between M and W slowly became strained. The worker saw the need for a recreational outlet for W away from the home and referral was made to the Y.W.C.A. While the need for psychiatric care was mentioned early in this case the writer feels that M did not get an adequate interpretation of the necessity for such treatment. W could also have been helped to gain a better understanding of M's condition and be helped to accept M's illness and possibly the relationship would not have been strained and conditions at home not reached such a bad proportion. The mother began to lose her temper and to "take it out" on the children. This resulted in the children not receiving the needed attention and love from their parents. The worker attempted to point this out to W and interpreted the children's need for love and affection. Since the friction between M and W increased and there was no improvement in M's condition and the public assistance worker did not have the time to devote to this case since it required intensive service the case was referred to Family Service Society. The family did not care to make use of this service. Since the public assistance agency is still providing financial assistance it is their responsibility to continue to provide other services. M is still in need of medical care and rehabilitation and interpretation of these needs. There has been a pretty good working relationship between the doctor, social worker and client in this case. The family now needs help in home management and a better understanding of department policies in order to enable the family to make better use of the

services of the agency.

Case 10. W, age 21, and her two dependent children age 5 and 2 make a home together. Both children were born out of wedlock. Since the putative fathers of the children could not be determined there was no support for these children. W was accepted for an A.D.C. payment on 7/1/46. Once this mother made her decision to keep the children and to stay home to care for them rather than to go to work and provide for their support she has made a good adjustment. She was assisted in setting up a home for her family.

The public assistance worker may help the unmarried mother make a good decision as to whether she will keep the child or place it out for adoption. If the worker is unable to handle this problem herself referral can be made to the agencies in the community who specialize in child placing and the A.D.C. payment will continue, if necessary. This mother had some conflict and guilt feeling about keeping her children and providing a

home for them and this problem was discussed with the worker. . . . W then referred again to the question of keeping both children with her, saying that just because she had done "wrong" was no reason why the children should suffer for it. Worker agreed that there were serious implications in her situation, and pointed out that even though W had expressed the wish that they not "suffer", they were being deprived of a father and a normal and acceptable home environment. Worker agreed too, that she did have responsibility to the children and that it was up to her to decide in which direction she was to turn these responsibilities. Worker suggested that some of these responsibilities might be either in W's assuming the responsibilities of a mother to her children in the home, or if she is unable to do so for some reason, to recognize and accept the responsibility of providing the children with adequate care outside of the home. W seemed to be able to understand this interpretation, but apparently is unable at this time, to think in terms of her possible inadequacy as a mother and, in turn possible placement of the children. Worker remarked that we had simply wished to point out to W that she does have a choice in her plan for the care of the children, and that she might wish to think along these lines further. It would seem, however, that W will need considerable support in helping her accept her responsibility.

The worker attempted to help W realize her responsibilities toward her children and helped her to evaluate the plans for the care of the children. There was no follow through, however, W did make a good adjustment and has taken care of the children in her own home.

In the cases involving unmarried mothers they did not have any conflicts about keeping the children, but there were problems about placing the children so that the mothers could go to work and this possibility was explored with them. There was also the problem of support from the putative fathers which the workers had to face with the unmarried mothers. Some of these mothers were reluctant to open contact with the putative fathers and the workers can help the unmarried mothers psychologically to handle their feelings about taking the essential steps to obtain support for the child and this was done in several cases.

CHAPTER VI.

CONCLUSIONS

Need for Case Work Services. While the main reason for applying for aid to dependent children is due to economic distress these families bring in addition to economic needs many other needs and problems. The cases included in this study may be deemed representative of the aid to dependent children cases carried in other district offices in the Division of Public Assistance and they show that families come to public assistance with more than just financial need but with almost every conceivable symptom of human difficulty. Families receiving assistance on the aid to dependent children program present many needs for constructive action. These different individual problems with which these families are troubled are in the area of case work treatment. This study has shown that case work service is an indispensable tool in public assistance. It is a means of accomplishing things that the client is unable to achieve, of filling needs recognized by the community. Case work service is a way to meet the needs of people who are unable to cope with their environment, they are unaware of resources, are not equipped to find their way through the complexities of their environment. They are unfamiliar with the facilities which the community offers for the solution of their difficulties. There are people threatened by physical, mental ill health, and other problems who do not see a problem or who fail to recognize its nature. From this study the conclusion can be drawn that there is a definite need for case work services. The Rhode Island Public Assistance agency not only provides financial assistance but case work services and that their function of public

The first thing I noticed when I stepped out of the train was the cold. It was a sharp, biting cold that seemed to penetrate to the bone. I pulled my coat tighter around me and shivered as I walked towards the station entrance. The air was thick with the smell of coal smoke and the sound of distant whistles. I looked up at the clock tower, its hands pointing to a time I didn't know. The street was filled with people, some in long coats and hats, others in more casual attire. They were all moving in different directions, some towards the station, others away from it. I felt a sense of isolation, as if I were a stranger in a strange land. The cold continued to bite at me, and I could feel my breath coming out in small clouds of white vapor. I walked on, my feet sinking slightly into the snow-covered ground. The station entrance was just ahead of me, its arched doorway beckoning me. I took a deep breath and stepped forward, ready to face whatever lay ahead.

assistance service is being carried out to a great extent. While there is much to be desired in the practice of public assistance service the agency's philosophy, policies and description of practices facilitates this practice and that many of the limitations in fulfilling the agency's definition may be limitations of the individual workers or their lack of knowledge of the available community resources.

Problems and their Treatment. Case work problems are definitely apparent in the cases and the problems presented by these families are varied and many. There were problems in social relationships, both in the home and in the community, emotional, mental and physical health, household management, employment, support, legal and special interest and special need problems. Not all problems presented received case work treatment. While in many situations case work services were indicated these were not rendered. Consideration is not being given to problems involving the intangible case work treatment involving the emotions and the underlying problems, the social behavior and adjustment problems. There is little case work treatment involving help to the client to make a better adjustment to himself and thereby affecting a better adjustment in his environment. There was very little use of case work in helping the clients make the adjustment to the public assistance standards. Adjustment to department cost standards is a common problem with many of these families and case work is necessary to assist the families in meeting their needs within these standards. In many cases this is the only case work needed. There was some degree of improvement in the majority of the problems treated. In some cases the problems indicated improved without the benefit of or in

I have been thinking much lately of the many ways in which we are
connected to the world around us. It is a complex web of relationships
that shape our lives, from the people we love to the communities we
live in. We often take these connections for granted, but they are
what give our lives meaning and purpose. It is in the face of adversity
that we truly see the strength of these bonds. When we are in need,
it is the love of others that sustains us. When we are lost, it is the
guidance of others that finds us. We are not alone in this world,
and that is a beautiful thing. Let us cherish the people who make
our lives so rich and full. Let us be there for one another, for that
is the true measure of a good life. We are all in this together,
and we must stand together if we are to overcome the challenges
that lie ahead. Let us be a source of strength and hope for one
another. Let us be the light that guides others through the darkest
of times. For in the end, that is the greatest legacy we can leave
behind. Let us live our lives with love, with kindness, and with
a sense of purpose. Let us be the change we wish to see in the
world. For the world is not perfect, but it is ours, and we have
the power to make it a better place. Let us do that. Let us make
a difference. Let us be the light.

spite of case work treatment. The case work treatment varied in extent and range. Case work treatment besides financial assistance was in the form of counselling, procurement of medical and dental care, making known community resources and helping clients get in touch with these resources, procuring legal aid and arranging for camp and convalescent care, etc. More consideration was given to environmental factors than emotional or psychological ones. There was very little evidence of intensive case work treatment. The major type of case work treatment was directed toward the modification of the environment. The majority of the unmet problems were problems involving social relationship and emotional maladjustment. It would appear that the workers recognize that a problem exists, but are either unable to meet the problem because of insufficient time or because of lack of training and inability to treat these problems. Many of these problems could have been explored more fully and referrals made to the proper agency in the community for treatment. The public assistance worker is often concerned with the emotional aspects of human behavior and while it is not the agency's function to treat the individual's behavior difficulties in and of themselves, social problems normally cause some emotional disturbance and these feelings are brought into the client's use of the agency service. These problems requiring intensive case work can be referred to other agencies in the community staffed with personnel competent in psychiatric case work.

Individualization. The agency recognizes assistance to these families on the aid to dependent children program as a positive force in keeping the family together. There could be a greater individualization of the members

of the family; the role of the father, mother, and the children in the family group merits attention. The records presented very little information concerning the family's attitude toward the physical or mental impairment of the breadwinner and the family's capacity to adjust to his incapacity. This understanding could be used for the preservation and reconstruction of individual human values. Every attempt should be made to individualize family situations in order to become more aware of the strengths and weaknesses that lie within each family group and be able to assist them more effectively through facilities within the agency or other community resources. There is great emphasis on the determination of eligibility and many times the individuality of the people is not preserved. There is a great need in adjusting the services of the agency to individual requirements. The writer realizes that the primary function of the agency is the granting of financial assistance based on definite eligibility requirements, but this can be related to the individual case situation and preserve the individuality of the people. Many of the records showed an interest in the people and their problems accompanied by efforts to help them meet those problems. These people could be viewed to a greater extent as individual people whose economic and psychological needs, whose personalities and capacity for growth and increasing strengths differ in varying degrees from other individuals. In many instances the recording was not adequate to determine the extent of individualization of the needs and problems of the members in the family.

Needs of Children. Primary consideration to the needs of children is not being given. In many cases the needs of children are not brought clearly

into focus because the workers are concentrating on the condition of the parent. In many cases there could have been a greater exploration of the children's needs. Many of these children could have been helped to make a better adjustment in their home and community. There is a definite lack of contact with the schools and it would appear that the school could have been used as a resource in many instances. There was a lack of case work services in helping the sixteen year old children make decisions in regard to work and schooling. These are important issues with which these children are faced and when the children leave school at the age of sixteen there should be continued social planning with them. The needs of the older children who were not included in the payment did not receive the individualization required. It is also important that their contribution to the social and affectional relationship of the family group be given adequate consideration.

Special Interests. While provisions are made for the child that is particularly gifted and desirous of developing special talents there was not sufficient evidence in the case records that this was explored with the child and his family. The agency does make provision for recognition of special educational programs for children with special talents or interests and also for children with mental limitations or emotional disturbances.

Rehabilitation. While the necessary medical care is adequately provided for the incapacitated father, there is insufficient consideration in helping the incapacitated father to become rehabilitated and to assume either part or full support of his family. Many of the incapacitated fathers are in need of employment counselling and vocational rehabilitation services.

These needs were not met to the fullest extent either by the worker within the agency or by referral to the appropriate agencies in the community. Sufficient emphasis was not placed on the rehabilitation possibilities of the incapacitated fathers. Treatment should go further than help for medical services. There are many agencies in the community equipped to help the handicapped.

Planned Continuity of Treatment. As a whole there was not a planned continuity of treatment service for each child or of the parents. The usual purpose of the home visits were for redetermination of continued eligibility for assistance, but the purpose of the redetermination of need visits should go beyond the responsibility for determining eligibility and consider visits to families as a means through which social services can be rendered. Case work services were usually rendered on a crisis basis and there was a definite lack in many instances of follow-up. Most of the interviews were with the mother and there was a tendency to overlook the father when in the home. Since aid to dependent children is attempting to preserve for the child family life which approaches the pattern of family life in the community the father should be given a more important place in the planning.

Community Resources. Community resources outside of the agency were not explored or used as extensively as they could have been. The public assistance workers cannot do their best work or provide the best service to their clients unless they make full and adequate use of educational, recreational, health and social welfare services in the community. Many of the problems which were not treated by the public assistance worker could have been

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referred to other appropriate agencies in the community and service provided in this manner. There were too few instances in which treatment was provided jointly by the public assistance agency and another social agency. Greater use of this treatment method would result in better service to the families. There was a lack of a three-way interest and working together of the client, doctor and social worker. Greater service could be provided to the clients if the workers are more aware of the client's health condition and his need for medical services and this could be gained by a closer working relationship between the client, doctor and social worker. The worker would gain a greater understanding of the person by understanding his illness, the meaning of the illness to the individual and the effect of the illness on the individual.

Trained Personnel. Many families have been helped to a fuller life because of the efforts of some of the workers. For those families who have had a skilled and sensitive worker, the aid to dependent children program has fulfilled its purpose. The importance of trained personnel is essential in bringing this about. The job of the public assistance worker is not a simple one and special knowledge and skill of case work are required in order to provide the services which case work requires. Through case work services the public assistance agency can enable the children in the families on the aid to dependent children program to emerge strong in mind and body out of the broken settings in which they are found. All the case work services which have been discussed in this study which the public assistance worker can render through the agency or by referral to other agencies in the community can help in bringing about this ultimate goal.

Purpose of Aid to Dependent Children. The purpose of the aid to dependent children program is to ensure such children continuance of as normal a family life as is possible. Assistance is intended to enable the mother or other relative responsible for the supervision of the children to remain in the home to care for them and to enable children of school age to remain in school. These objectives are realized in the program as administered in Rhode Island. The public assistance worker has a challenging job in working with families on the aid to dependent children program and the Rhode Island Public Assistance agency provides an excellent setting for case work in the administration of public assistance.

We have found that the use of the case work process in carrying out the function of determining need enables us to understand the need for and so to offer the most effective service to the applicant and the community.²²

Approved,



Richard K. Conant
Dean

22 R.I. Public Assistance Service Manual, Ch. II, Sec. 202, p. 1.

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1870

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.

I have conferred with the proper authorities and they have decided to grant your request.

I am, Sir, very respectfully,
Yours,
J. H. [Name]

Rhode Island Department of Social Welfare, Division of Public Assistance.
Rhode Island Public Assistance Service Manual. (mimeographed)

Compilation of the Social Security Laws. Including the Social Security
Act as Amended and Related Enactments through the 76th Congress, Social
Security Board, Washington, D.C. United States Government Printing
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(Check list used for
217 cases)

Status of Parents

Ages of Children in Family

Married	Widow	Divorced	Separated	Unmarried	Loco Parentis	Under 6	6-11	12-16	16-18	Over 18			Total No.
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a S attending school
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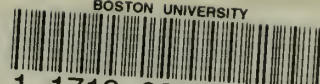








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